Education of the Crippled Child

By ETHEL TEASDALL

I have been at a loss just how to christen this talk, but that should not give any trouble, remembering "All's well that ends well," and "What's in a name?" However, it would be much better for all concerned if you had a faint inkling in the beginning of the line I should like to follow. If the subject were given as "The Child as a Patient" you would naturally expect a scientific discourse on diseases of children and their treatment, and that would be absolutely impossible from this source. Still, that suggested subject might be suitable if we were to consider the viewpoint of old Doctor Parry, of Bath, who said: "It is much more important to know what sort of a patient has a disease than what sort of a disease the patient has."

But it is really after the disease has been treated in a scientific, professional manner, and during the long periods of convalescence, we are about to consider: not what to do till the "doctor comes," but rather "what to do after the doctor goes." A simple talk of a few suggestions of practical occupational therapy, just what any nurse would be able to do without any formal equipment for any patient, and because that field in itself is immense we wish mainly to confine our attention to the subject and its relationship to children as patients.

The problem of how "to keep the child amused," to get his mind off himself, etc., has been an age-old question. We all know that health itself suffers when one thinks too much about it. Health even requires something of interest to which one can turn. We remember about the fate of the centipede:

"The centipede was happy quite
Until the frog, in fun,
Said 'Pray which leg comes after which?'
Which wrought his mind to such a pitch
He lay distracted in a ditch
Considering how to run."

So we all naturally fall back on the saving grace of work to keep us contented and happy—occupational therapy—remembering that the best way to live well is to work well. It is not the abundance of work that we require, but rather the mood of work, and the work must be great and pressing enough for us to lose ourselves in it.

After the nurse has watched her patient through the various stages of his illness, the convalescent period may be just as, if not more trying. But as this is the age of specialists, we must study the case in hand from many angles and meet it accordingly. First, there can be no set nor staid programme in the treatment of convalescents. Each case presents an individual problem, requiring attention to suit his variously different needs. This is the time when the nurse has the great opportunity to prove her artistic personality as well as her professional worth. By artistic I mean the ability to meet these convalescent whims with a charming grace and so make them stepping stones to the gateway of health, and if your training has been so dogmatic that you shelve your personality when you take a case, take it out and be yourself: no other person will do.

We love children, and one of the most talked-of reasons for this affection is that they are so "natural," and because they possess this attractive attribute they are very quick to detect shams and applied veneer in

(Presented along with a musical drill and demonstration by the patients of the War Memorial Children's Hospital, London, by their teacher, Miss Ethel Teasdall, at the annual meeting of District 1, R.N.A.O., January, 1929.)

those with whom they come in contact. The teacher in the school is the point of criticism of the well child, and this honour is transferred to the nurse when the child is sick. So to establish the first bond of relationship, be natural and human for you must win the confidence of your patient. Remember the things you loved to do as a child and do them over

Pauline was born with a deformed foot. She was admitted to the hospital in 1926, when an operation to readjust the bones of the foot was undertaken.

again with your little patient. Talk to them and tell them about those times, for children are always keen for a human interest. Cheerfulness, happiness, contentment, enthusiasm, and faith, above all, have a good effect on health; their opposites have a bad effect.

With a sick child, one perhaps first thinks of books. The range and choice of books is so vast, the old and yet ever new delights which are ours for the searching, all provide a limitless field: a deep mine of pleasure. Love books and you will never be alone, but you must have that love and appreciation before you are able to pass it on. I might copy a long, tiresome list of books for various ages, from some publishing house catalogue, which we would all promptly forget and which would be as uninteresting as one of the biblical "begat" chapters. However, there is a book by Anne Carroll Moore, of the New York Public Library, called "Cross-roads to Childhood." It is a splendid list and review of books for children, middle-aged children and teen-age people, as well as universal literature: a readable, entertaining catalogue of books covering a vast area of interests.

A safe guide is to let the reader's interest act as a selective factor in the choice of reading. This rule may be applied to children, too, with guidance and sometimes coaxing, as was the case of the visiting teacher who met with many difficulties on her first call to a new pupil. The boy was physically crippled, and worse than that his mind was crippled also with hideous, antagonistic barriers to every outside helpful advance. This call was not a pleasure: asking what subjects he liked to do in school work, he gruffly replied that he didn't like any—Spelling? Arithmetic? Reading? Geography?

"I hate it."

"Why, you don't hate the whole world, do you?"

"Yes, I do."

"Do you hate Africa?"

Well, he wasn't so sure about that, so it was from Africa that the point of contact was made and through stories of that dark and dismal continent a bright gleam of interest in all his studies was established, leading to a totally different viewpoint

The above photo shows Pauline in 1927, her foot restored to normal through surgery, massage and daily exercises.

and attitude towards all life. Still, we are taught in our Methods of Teaching to begin with something the child knows and is interested in, and to proceed to the new and unknown.

This case was vastly different from the boy who was just as badly crippled, but who had been taught right from the first of his illness that everything, even the seemingly uneventful

daily happenings, was an adventure, and lessons with him were so easy.

Convalescent children usually love their school work, so a work book and a pencil and their own school books do help a lot. They feel that they are keeping up with their companions in school, and that in itself is a good thing. The nurse can supervise this school work, for the patient is very willing to go on with a little direction. Then there may be letters to write, and even tiny tots like to do this, even if they are not able to write all alone, only with the nurse's helping hand. Sometimes rhymes may be thought out: these may not be able to qualify as good poetry, but it does pass as good fun for the convalescent, and to find happiness in the doing is the aim. Herbert Spencer says in his "Education": "The truth is that Happiness is the most powerful of tonics."

Linked with the question of books comes the thought of reading aloud. A harsh voice is difficult to listen to when one is well, but it is a thousand times more irritating to the ears of the sick. Cultivate a soft, well modulated speaking tone, read slowly enough to make it easy for the patient to catch every word without strain. Speak the words without muttering and if you have a choice of a book or story, select something happy, no dreadful giants and fire-breathing dragons to disturb the sleeping hours of an impressionable mind. Don't read too long; in fact, never carry any entertainment to the point of fatigue.

Then there is that age-old idea of story telling without the aid of the printed page. A more intimate and lovable way of companionship—for the ideal audience is one little child. Perhaps after you tell your patient a few of the old familiar stories he may make up a few to tell you. A good story-teller must know the story and the audience. Earliest childhood, from one to five years, requires stories of familiar things and rhymes, mid-

War Memorial Children's Hospital.

dle childhood, six to nine years, tales of active imagination. At the stage of advanced childhood, ten to twelve years, when memory is so active, true stories of adult life are asked for.

However, reading aloud and story-telling present only a small place in the great field of occupational therapy. There are card games of all sorts, weaving, wood and paper work, basketry, book-binding, sewing, the hobby of making various collections. Susan E. Tracy has written a practical manual for nurses and attendants called "Studies in Invalid Occupation," where hints for occupation during periods of quarantine are given and suitable employment is suggested for patients in restricted positions as well as many ideas for

impatient patients, who are not accustomed to this business of being ill, even for a short time.

Here are some general rules:

1. Occupation should be new. This is especially for little children to call forth their interest, a new book to crayon, something new to do, for there is an air of exciting intrigue about a new thing.

2. One occupation should not be followed to the point of fatigue. Don't make things too difficult. Give the child the joy of accomplishment without the strain and stress leading to irritability, no small nor tedious work.

3. The work should be useful, avoid aimless work for even children like to feel a definite goal in the doing of any occupation.

4. The work should lead to an enlargement of the patient's mental horizon, a study and interest in associated things.

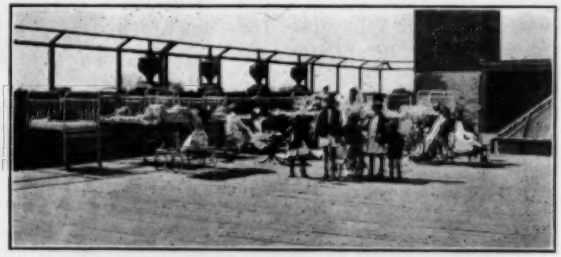
5. The nurse should participate in the occupation and show an interest in it.

6. The patient should be encouraged by praise and even necessary criticism should be sugar-coated, for back, well back, always remember that you're dealing with sick children and they have naturally more temperamental reactions than normal children.

7. It is better for a patient to do even bad work than none at all.

The restless hands of little children are considered the educator's most important aid, and the intimate connection between hand and brain is recognized by physiologists and psychologists.

Some occupations may be used as remedies for certain physical defects. The tread pedal on small weaving looms, for the older children, or the pedals of the sewing machine may be aids to exercise muscles of the limbs. We have many uses in our school room for the typewriter—to help stiffened fingers to move more readily, for a certain amount of push is necessary to bring the keys down, as well as a new and novel way to learn even dull spelling. Some of the pupils have been able to follow the set lessons for the touch system, giving a start towards after school employment, where office work, sitting at a desk, would be the most desirable form of earning a living, owing to a crippled condition. Basketry is also very good for what "ails us," aside from the joy of the finished work. Certain precision is required to cut the base from the beaver-board, the drilling of holes for the reed brings in the use of another tool, the actual pulling of the reed, thus shaping the basket, then the painting and finishing. The placing of pegs in peg boards involves the muscular exercise of picking up and pushing in, as well as teaching the recognition of colour. The stringing of large wooden beads, even the handling and the building of



A part of the contributions received by the hospital in 1927 provided this Roof Play Ground, which has been of untold benefit to these little patients.

blocks, all lead to certain desirable muscular control and development. The tossing and catching of a large light rubber ball, playing a toy piano or a toy tune on a real piano, modelling in clay or plasticine, all help hands that have been paralyzed.

Working with plasticine is an ideal occupation for any child, and as an easy, satisfying means of self-expression it ranks very high. Paper tearing or cutting free hand of animals or any picture from common wrapping paper is good fun. Splendid puzzles may be made by cutting up picture post cards. Interesting things, such as dolls' beds, carts or furniture for the dolls' houses, may be manufactured from discarded match boxes. Scrap books, developing a sense of ownership, may be started. Every boy goes through the period of stamp collecting. Paper folding and paper construction work need no tools except a pair of scissors and a little paste.

I remember one little boy was entertained for some time with a paper windmill he had made, and the blowing to keep the mill turning was "just what the doctor ordered." Blowing bubbles was another good game for this case. Crayons and colouring are always a source of profitable pleasure to the children in bed.

If children during their period of treatment are compelled to remain still, as in cases of cardiac trouble, or children who are required to be in casts, let them make things that they can play with and move: cardboard people or animals that move and change with the aid of paper fasteners and yet are light enough for the child to handle without strain of fatigue.

Sewing and knitting are good for these patients in restricted positions, and we have found that even the boys like to sew when the stitches are simple and the pattern interesting.

So we could go on through long pages, discussing the educational and helpful physical value of many occupations, also ever remembering that to keep the child happy and contented we must keep him busy. We must be able to utilize the material at hand to transform a tiresome, long day into a short one of interesting things to be accomplished.

Just because a child cannot use his legs is no excuse for all the rest of his wide-awake, lively little self to be still. Help him to forget his disability, never let him imagine for one moment that you think he is in a bad way or he'll imitate your viewpoint at once, and that means he is lost. "Keep on keeping on" is the slogan of the International Society for Crippled Children, and it's a good motto for all of us.

Now just a word regarding the work for crippled children in general. We have advanced both in years and in attitude of mind from the time when the old Spartans discarded their afflicted ones, or the Puritans regarded such disabilities as acts of Divine Providence, and because Johnnie was lame then he was to remain that way for all time. Now we are all fully aware of the help that can be given to these afflicted ones. Enthusiasm is very infectious and we want you all to catch the germ, to let it grow wherever you may be: that is, an interest in the cause for crippled children.

(Illustrations published by courtesy of War Memorial Children's Hospital, London, Canada.)

Health Preservation through Adequate Diet

By SISTER IRENE MARIE, Teacher of Household Economics, St. Vincent College, and Dietetics, Halifax Infirmary, Halifax, N.S.

At the outset, let us acknowledge that proper feeding is but one aspect of the health programme. But it is a very important one. Perhaps the preservation of the health of the adult depends more than we recognize upon an adequate diet. A faulty diet, long adhered to, is now known to produce physical deterioration, even though this physical deterioration may not be recognized until it is pronounced—and then it is often attributed to very immediate causes, whereas its true, though remote, cause was a deficient diet.

The period of best health for most people is from fifteen to twenty years. The powers of resistance and the capacity to digest food are greatest at that time. The ability to recover promptly from loss of sleep and fatigue fosters the idea that violation of the laws of Hygiene and Nutrition are of little importance. Young people over-eat of any palatable food, and eat at irregular intervals, with so little evidence of any unfavourable effect that they see no reason for giving thought to correct dietary habits. But this freedom from accountability for violation of the laws of Health does not last many years. There is an imperative need of taking, from infancy up, such a diet as will defer the onset of the changes characteristic of aging. For it seems necessary to attribute the rapid increase, during the past 30 years, of the so-called old age diseases —hardening of the arteries, kidney and heart degeneration—to modern dietary habits. Facts available seem to point to deficiency in food to account for poor teeth formation, faulty bone growth, faulty posture, as well as to a perverted appetite and a liking for sweets.

Perhaps there are more people at the present time interested in the subject of nutrition than ever before. It is not difficult to account for this; for with the increase in the knowledge of the subject which the recent years have brought, has come a realization of its importance for health and longer life. Nor is our attention directed to new and strange foods. Our most common foods have taken on a new value in our eyes, as we have become acquainted with the dietary properties which they contain, of which we knew nothing a relatively short time ago. In general, we now know that if the diet does not provide the right substances in the right proportions the physiological processes do not run smoothly; that on an inadequate diet old age appears sooner than is necessary; and our bodies become a prey to diseases which are largely avoidable.

One might ask the reason underlying the newer methods of good research which the recent years have brought, and whether they are a natural outcome of conditions not met with years ago, or whether they are, after all, only the hobbies of faddists or over-zealous physiologists. Why, a short time ago, when the appetite was thought to be a safe guide to the selection of food, was an adequate diet secured without much planning? First, of course, the appetite was never, strictly speaking, a safe guide to good selection. It may call for excessive amounts of sweets, or of alcohol, for example. But it is true that when such foods as milk, eggs, butter, fruits, and fresh meat were easily available, the planning of an adequate diet was a simple matter. Modern conditions, the growth of large cities, with more and more people to be fed, caused the transportation and storage problems to be a big factor in food supply. Non-perishable, or less perishable foods came to be used more considerably than formerly—such foods as cereal grains and their manufactured products. The poor keeping qualities, under average conditions, of many of our best agricultural products, as grains, root, tuber, and green vegetables, have naturally caused the modern nation to rely upon cereal grains,

wheat, corn, and rice as staples upon which it depends for its chief food supply. These grains and their manufactured products, if kept dry, keep well for a considerable time, and are not, in general, attacked by bacteria and mold.

It is true that in past history, mankind has relied upon these dry foods as his staples in time of stress, as in winter in temperate regions and for maintenance in time of drought. But when transportation over long distance was of rare occurrence, the milling of these grains was quite a different process from that at the present time. Nearly every locality had its own mill; here, the whole kernel of wheat or corn was ground into flour; there was no problem of its keeping qualities, for families sent grain at short intervals to be ground as they needed it.

Our present-day diet differs from that of our ancestors mainly in four great respects:

1. We eat more cereal products.
2. We eat more refined cereal products.
3. We eat more sugar, a substance which contains no structural elements, no mineral elements, no vitamins, and which is valuable only for the production of energy. The profit in sugar and its manufactured products has led to an enormous increase in sugar consumption in our country and elsewhere, it being per capita about ten times that of a century ago.
4. We eat more meat. With the development of commercial refrigeration processes, cold storage meats can be purchased at any time. Formerly, people were dependent upon their gardens and local agriculture for their food supply.

It is only within the last twelve or thirteen years that any one could say just what constituted a satisfactory diet; but we now know definitely that the regular diet of a large portion of our people is falling short of maintaining satisfactory nutrition. Until recently, chemical analysis of food was thought to be sufficient to determine its value in the human dietary. Modern research workers have shown this to be false. The chemist can determine the amount of fat, of carbo-hydrate, of mineral elements, of water. He can analyze for protein; but he cannot tell which are good, and which are poor proteins. Moreover, the vitamins, substances upon whose presence in the diet proper growth and health depend, are not revealed to the chemical analyst.

I should like to review briefly a few facts in the history of the development of our present-day knowledge of good values. It is necessary to classify foods according to their function in the body, as follows:

Those which serve as material for body building and repairing: PROTEIN, MINERAL MATTER, WATER.

Those which are oxidized in the body to produce energy for work and heat: PROTEIN, FAT, CARBOHYDRATE.

And those whose function it is to regulate body processes and support growth: MINERAL MATTER, VITAMINS, WATER.

This classification has only developed within the past century. The limited knowledge which we possessed in the middle of the nineteenth century is well illustrated in the views expressed by Beaumont in his book, "Physiology and Experiments," published about 1832. In Beaumont's opinion, there existed but one food stuff, or "aliment," as he called it, which he believed to be present in all food and to be dissolved out by gastric action in the stomach. With the development of organic and inorganic chemistry, there was established the fact that foods contained protein, fat and carbohydrate, thus disproving the "single aliment" theory. It was learned that the oxidation of these within the body yielded energy for heat and work. The laws governing energy metabolism were next developed. Soon there followed upon this, the development of a system for measuring the energy value of each nutrient; that is, the amount of heat which is actually produced by the oxidation of a unit of any of the nutrients. The heat evolved by the burning sample of food was measured by the large calorie,

which represents the amount of heat necessary to raise one kilogram of water one degree Centigrade, or one pound of water 4 degrees Fahrenheit. By experiment in the Bomb Calorimeter, it was determined that one gram of protein, oxidized, yielded approximately 4 calories of heat; one gram of carbohydrate, 4 calories, and one gram of fat, 9 calories. These values are known as FOOD CALORIFIC VALUES.

Today, we know that the proteins of all foods are not identical in dietary value. Of two foods containing exactly the same amount of protein, one may do much better service than the other. The protein molecule is a very complex one. Each is made up of a large number of smaller parts, called amino acids. Each protein in our food is different again from the proteins in the human body. Hence they cannot be utilized as they are eaten to build protein of the muscles and organs during growth, or for repair of waste. Before being utilized, they must be digested. Digestion involves the splitting up of the giant molecules into about twenty kinds of amino acids. These are absorbed and recombined to make human proteins. So much do human and animal, and animal and plant proteins differ that there are thousands of kinds of proteins in the plant and animal world. The reason that proteins differ in dietary value is that all do not contain the entire twenty amino acids. If only one is missing, even though the nineteen be there, that protein, by itself, is incomplete, from a dietary standpoint. It is easy to visualize how protein from two sources, each lacking one of the essential digestion products, but each rich in the one in which the other is deficient, could be combined so as to form protein of a high value.

We now know that the protein of refined cereals, of peas and beans, when used as the sole protein of the diet, is incomplete for optimal nutrition. On the other hand, protein from milk, eggs, some vegetables, especially the edible leaves, as well as the glandular organs is of excellent quality. Fruits contain little protein, and the tuber and root vegetables, unrefined cereal grains, and the muscle meats stand intermediate between these two.

Certain substances have been mentioned which are of the utmost importance in the diet, if it is to maintain health, and which are not revealed to the chemical analyst. These substances are classified as vitamins. Of four of them we possess considerable knowledge: namely, vitamins A, B, C, and D. The first named (A) is found dissolved in certain fats, and for this reason is frequently termed Fat-soluble A. The best sources of it among palatable foods are butter, cream, egg yolk and green vegetables, as spinach, beet tops, celery, lettuce, et cetera. Cod Liver Oil is rich in vitamin A. It is abundant in glandular organs, as in the liver, kidneys, and sweetbreads of animals; but it is very sparingly present in lean muscle meat. Vegetable oils do not contain it; it is destroyed by prolonged heating in the presence of air, but ordinary cooking does not seem to affect it to a great extent. Both children and adults require it. Its absence from the diet over a long period induces the development of a characteristic eye condition, known as ophthalmia, which may cause blindness and produce other complications of a grave nature. It never occurs when suitable amounts of butter or cream are used. It is of frequent occurrence among children, when fed exclusively on skimmed milk and cereal products. Just what vitamin A does in the body we do not know. There does not seem to be a great capacity for storage of the substance, although a small amount is stored probably in the liver. But we know that this vitamin is required for the maintenance of health in both child and adult. There is sufficient of it in certain natural foods to prevent any one suffering from want of it, if the diet is selected with reference to these natural foods.

Among human beings, particularly among rice eaters of the Orient, there has long existed a disease known as beri-beri, which has taken millions of

lives. In 1880, the Japanese navy was all but incapacitated because of it. It resembles polyneuritis in pigeons, and is a widespread degeneration of the nerves. The explanation of this disease most in favour is that it is a deficiency disease. Animal experimentation has shown that it can be induced in pigeons by feeding them rice, without the husk or peri-carp. exclusively, for a given period. A monotonous diet tends to produce it. Vitamin B is abundant in many of our common foods, especially so in the leafy vegetables, fruits, whole cereal and manufactured products of cereal grains. It is, moreover, very stable, and even excessive heat, such as is given in some forms of canning, does not tend to destroy it to any appreciable extent. Vitamin B is so abundant in most of our common foods that there is likely to be a deficiency of it in the diet only when it is restricted to a few articles of food, or when it is derived largely from manufactured products.

It is astonishing that the discovery of the substance, vitamin C, was delayed so long in view of the fact that its presence in the diet is absolutely necessary for the prevention of scurvy. This disease appears wherever human beings are for a length of time deprived of fresh, raw foods. It is of more frequent occurrence among children than it was before the development of the pasteurization of milk. Vitamin C, anti-scorbutic vitamin, being unstable to heat, is destroyed in the process of pasteurization. This is not intended as an argument against the use of pasteurized milk. Pasteurization is sound in principle, and is a safeguard to milk supply. But where it is used exclusively for children. scurvy can be prevented by the inclusion in the diet of orange juice, lemon juice or tomato juice. In fact, the disease can be prevented, and, if not too far advanced, can be cured, by eating fresh unheated vegetables, generally. To illustrate the importance of fresh, uncooked foods in the prevention of scurvy, Professor Hopkins is quoted as giving a very impressive account of what happened at a large preparatory school in England in 1920. During the winter term at this school. the conduct of the boys grew vaguely unsatisfactory. The standard of work and play fell below normal, the boys became listless and irritable, and various forms of minor complaints were reported. No explanation offered was satisfactory. Throats were examined, drains flushed, and other hygienic measures were instituted, but nothing came to light. It was suggested that the diet be inspected. The boys were well fed. However, it was discovered that the diet provided nothing in the way of uncooked foods, and practically no greens. The shop where the boys had been accustomed to purchase fruit with their pocket money was closed. Upon a liberal introduction of fresh fruit into the dietary, the whole trouble disappeared. The school had been suffering from incipient scurvy, due to a lack of vitamin C. It was possible for this to be so, although the disease had not been recognized by its usual symptoms, because the presence of food which provides even minute amounts of this vitamin will defer the actual development of the disease for months.

Dr. McCollum relates an account of an examination which he made of the dietary of an institution for the care of negro children, where malnutrition existed. Their diet, during the period when growth should be proceeding at a rapid rate, consisted essentially of cereals, tubers, roots and muscle meats, the largest portion of their food supply being secured from wheat flour in the form of white bread. He was astonished at the absence of any scorbutic tendencies, since the diet did not provide any fresh, raw food. The cause of this immunity was soon discovered. Certain fruit vendors in nearby markets regularly donated lemons which were still sound, but which were likely to spoil before the next market day. It had been the custom to slice these lemons and give each child a slice. This one raw fruit was highly appreciated by the children, and served as their source of vitamin C.

Rickets is the result of faulty nutrition in young children. Animal experimentation has shown that the disease is not likely to occur when the diet contains a sufficient amount of the vitamin D, the anti-rachitic principle, or when the subject is exposed to direct sunlight. Research has also indicated that the optimum storage of calcium among children is made when the diet contains one quart of milk per day. Wherever agriculture thrives, and the growing of cereal grains and tubers is the most profitable form of agriculture, physical deterioration, as shown by stunted growth, defective and carious teeth, is likely to characterize the people.

Thus far our knowledge of vitamin E is very limited. It is not yet held that the influence which experiment has shown it to have upon the reproductive faculty of animals is duplicated in the case of human beings.

Mention has already been made of the fact that the presence of mineral matter in the body is absolutely essential to life, and that all of the foods, with four exceptions, contain it, to a greater or less extent. During the period of growth, these must be supplied in sufficient quantity and variety. In certain cases of malnutrition it is true that the actual trouble is with the assimilation rather than with the diet. Still, it is the opinion of many, notably Sherman, that a deficiency of calcium is the most common of all dietetic faults. When the full stature is reached, the need for a contained mineral income is lessened, although the demand for some always exists.

Experiments upon actual diets used in the average home, show that they contain considerably more phosphorous than calcium. Milk contains considerably more calcium than phosphorous. It is now believed that it is better to provide these two elements in relationships similar to those occurring in milk, rather than in those which most diets seem to contain. In this case, the white bread, potato, meat and sugar diet, so prevalent today, is too poor in calcium.

Iron is another mineral essential to life. Without it, the blood would possess no oxygen-carrying power. Iron has also been called the "key" with which the energy is released from the food. If this is so, it is evident that food should contain plenty of iron-protein compounds, found especially in egg-yolk, green vegetables, fruits, legumes, and in whole grains. An intestine probably interferes with the assimilation of iron. An improvement in this condition, together with the provision of nourishing foods rich in iron are usually sufficient to correct the lassitude, capricious appetite and indigestion, characteristic of chlorosis, often developed by adolescent girls.

Sulphur, another mineral, is utilized by the tissues, and the only food in which it exists in a utilizable form is in proteins which contain the amino acid, cystin. Protein then is valuable as the only source of sulphur as well as nitrogen.

In concluding, I would mention a type of diet suggested by McCullom and Simonds which can be recommended with the assurance that it will go a long way toward improving physical fitness. It involves the borrowing of the best elements from those several diets which have been thoroughly tested in human experience and have been found successful.

The first and most important principle is the extension of the use of dairy products. From a pint a day, there should be an increase to a quart of milk daily. This is the feature of the diet of pastoral peoples which has made them superior in physical perfection to all other peoples. The next principle is to remember that the leafy vegetables possess unique dietary properties. These have been the protective foods of the Asiatic people and have, by their use, offset the evils of a monotonous diet.

Their use, in liberal quantities, supplies valuable nutriments not available in milled cereals and tubers; also, it does much toward keeping the intestinal tract in a hygienic condition. Milk, too, might be mentioned; it serves a similar purpose. Through its en-

couragement of the growth of lactic acid bacteria, it checks the development of such bacteria as favour putrefactive decomposition of good residues. Milk is the one food for which there is no effective substitute, as was stated years ago, and as has been found to be true by modern experimenters. A third principle is that of taking daily a certain amount of raw food of vegetable origin as a safeguard against the lack of the anti-scorbutic substance. If these principles are adhered to, the main features of an adequate diet will be supplied, and the remainder may be secured from the cereal, tuber, meat and sugar diet list. Infants and children, it has been pointed out, can be greatly safeguarded in their skeletal development by providing them at regular intervals with suitable amounts of Cod Liver Oil, and affording them an opportunity for out-door exercise and sunlight.

The Cost of Hospital Service

By G. HARVEY AGNEW, M.D., Secretary of the Department of Hospital Service, Canadian Medical Association

One hears a great deal nowadays about the exorbitant cost of hospitalization. The public press seems to delight in dwelling on this question and this attitude is reflected in the many open letters written by "victims" or their sympathizers and published in the daily papers. One frequently hears the demand, especially from Old Country people, that our hospitals revert to the methods of British and Continental hospitals, wherein the great bulk of the working class people obtain treatment for a mere pittance. Recently, the writer met a committee from the Labour Forum of one of the large cities, who had been appointed by their fellows to investigate hospital and medical costs. That their report will advocate radical changes may be expected, but, to their credit be it said, these men are studying the situation and have learnt many facts of which the general public are only too ignorant.

Judging by the assertions which are so frequently heard, we are led to the conclusion that the majority of the general public do not realize the amount of money required to run the average hospital and to maintain the efficiency which these very people demand. Because the patient may have no appetite and may require little nursing does not warrant the frequent statement that the care of such a patient "did not cost the hospital anything." One would like to take such a critic through the costly laboratories of any modern hospital; through the great engine rooms of, say, the Ottawa Civic Hospital; to see the elaborate kitchens with their batteries of labour-saving devices in the big hospitals of Montreal, Toronto, Winnipeg, Vancouver and other cities; to see the water-softeners in the prairie hospitals and elsewhere, the great laundries with their steaming mangles and whirling extractors, the refrigerating plants, the store and supply rooms and other departments "behind the scenes." Such a trip would be a revelation and would go far to explain why several of our larger hospitals spend almost, or over, a million dollars in

maintenance alone. One Canadian hospital actually spends $30,000 annually in interest charges on its capital indebtedness.

Few people realize that the employees in a hospital (not including the medical staff) frequently outnumber the total number of patients served. This is especially noticeable in hospitals with a high proportion of private beds, or with large paediatric, pathological, diagnostic, or dietary services. Were hospital salaries not comparatively low, the salary item alone would render hospital costs prohibitive. Yet, with few exceptions, hospitals are short of help. Were it not for the general use of labour-saving devices the personnel would be much larger and the costs would be correspondingly higher.

The average cost per patient per day in general hospitals throughout Canada is $3.45. This is an exceedingly low figure when one considers the cost elsewhere and also the type of service given here. An analysis by our Department of Hospital Service of the returns upon which this figure is based is very interesting:

Under 50 beds	$3.45
50 - 100 beds	3.34
100-200 beds	3.21
200-300 beds	3.47
300-400 beds	3.58
400 beds and over	3.69

One notes that the hospitals with the lowest maintenance are in the 100-200 group. These hospitals can buy to better advantage than their smaller neighbors, thus reducing their costs, and do not, as a rule, maintain the extensive pathological and biochemical laboratories and other diagnostic or therapeutic facilities which raise the maintenance costs of the large hospitals.

When one considers these costly, but necessary, facilities for diagnosis and treatment provided by the modern hospital, and when one realizes that by these means countless lives have been and are being saved—lives that would assuredly have been lost without this modern equipment—we think, not of the high cost of hospital care but of the low cost of hospitalization. That costs are still too high for the average wage-earner is only too true, but the remedy lies, not in decreasing the efficiency of the hospitals, but in so augmenting their revenue by increased government aid or other methods that the thrifty, struggling citizen who is "down" does not have to carry part of the burden of the needy or the thriftless at a time when he can least afford it.

(From The Canadian Medical Association Journal, March, 1929.)

NURSES ATTENDING THE CONGRESS OF THE INTERNATIONAL COUNCIL OF NURSES

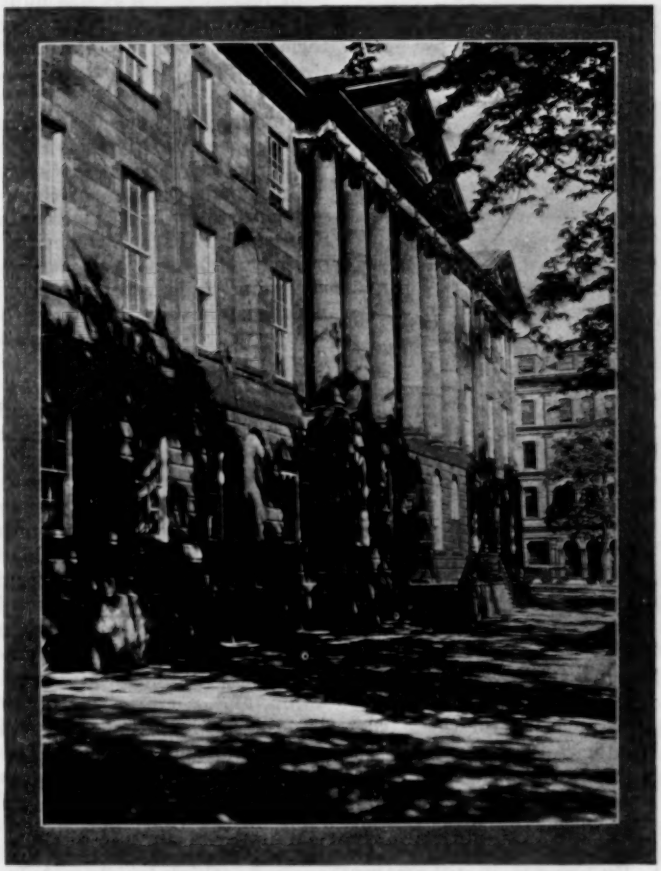
Any nurse who plans to visit the Province of Ontario before or after the Congress and who wishes to become acquainted with the nursing field of Toronto and other points in Ontario is requested to please write to the Convener, Hospitality Committee, Registered Nurses Association of Ontario, Toronto General Hospital, Toronto 2, Ontario, stating the type of nursing observation desired and the approximate date of visit in order that her time may be planned to the best advantage.

HAVE YOU YOUR RESERVATION

Large numbers of requests for reservations for accommodation in Montreal during the Congress of the International Council of Nurses, July 8 to 13, 1929, are being received. If you are planning to attend the Congress and have not made application for reservation, kindly do so without further delay, thus assuring yourself of accommodation and also assisting the Committee on Arrangements in its task of finding suitable quarters for all those attending.

After the Congress---The Maritimes

"There are forty different ways of reaching the Maritime Provinces and every one of them is right." Several delightful means are through

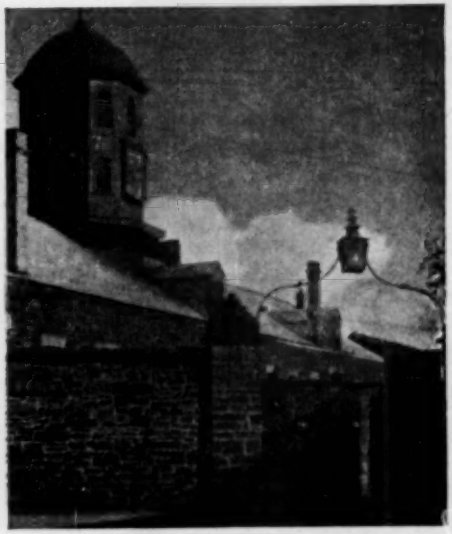


The Province House of Nova Scotia is considered to be the finest example of the Georgian type of architecture on the American Continent. In 1758, the first representative assembly in all Canada was convened here and in 1848 the first responsible government in the British Dominions Overseas.

Montreal; along the Maine border; and by sea to Saint John, Yarmouth or Halifax. But the scenic entrance is through the Matapedia Valley in the Gaspè Peninsula, for the memory of this journey, now along the banks of the beautiful river, now between the towering hardwood clad heights which rise on either side of the track, is one which the traveller never loses. Though the Gaspè Country belongs territorially to the province of Quebec, geographically it is intimately related to the Maritime Provinces.

The Gaspè coast, because of its picturesque character, the beauty of colouring in its rocks, and the bold

unbroken sea line of towering cliffs has long been a paradise for the painter. For 200 miles it is dotted with towns and fishing villages where valuable cod-fishing is extensively carried on. Lumbering in the winter, fishing and farming alternately in the summer, has bred a bronzed and hardy-looking race of men and women of the proud type who go down to the sea in ships.



Historic Halifax. The clock tower in the Ordnance Yard.

The letters "C. R. C." (Charles Robin-Collas Company) still has a world full of meaning for these fishermen. Historically it was a semi-military company organized for the purpose of capitalizing the fishing industry. It was as influential in the East as the Hudson Bay Company in the West. Even today, it still retains much of the Old-World air about its management.

But this is only the gateway to New Brunswick, a land of lakes, rivers and bays, where curious shaped rocks and caves line the shore. This province is separated from the Gaspè by the Baie de Chaleur, one of the most beautiful havens in North America. The bay is well named, for the temperature of the water is higher than at any other point along the Atlantic Coast. In the hinterland is the best salmon and trout fishing in the world, with the added attraction of countless numbers of moose, deer and bear.

Saint John is a "city compactly built together" for it was built upon a rock owing to the fact that it formed a natural fortress. Ever since its foundation it has been a great shipping port and in the days of wooden ships was a noted ship-building centre. It still has one of the largest dry docks in the world.

But no description of Saint John is complete without mentioning the Saint John River, with its extraordinary natural phenomenon—the reversing falls. As the river approaches the city it passes through a rocky gorge. Here occurs the conflict between the freakish tide, 26 feet high, and the river. At every tide there are two falls inwards and outwards, while the water is level for only about an hour in the 24 hours for boats to go through.

"Tides" immediately bring to mind the Bay of Fundy, one of the most interesting and valuable bodies of tidal water in the world. In addition to the usual virtues of good fishing and protected harbours, it automatically fertilizes enormous stretches of immensely productive lands, and performs "stunts" with its tides which hold travellers in spell-bound admiration. The tides rise over 50 feet and run at the rate of one to one and a half miles an hour. At Moncton occurs "The Bore," a solid wall of water three to six feet high which rushes up and as if by magic makes the broad mud-flats navigable. Near Moncton are also the famous Tantramar Marshes which are extraordinarily fertile.

Moncton also possesses the virtue of being en route to Nova Scotia, familiarly known as the "Land of Evangeline." From Grand Prè south to Yarmouth is called "The French Shore," revealed by distant glimpses of French white houses

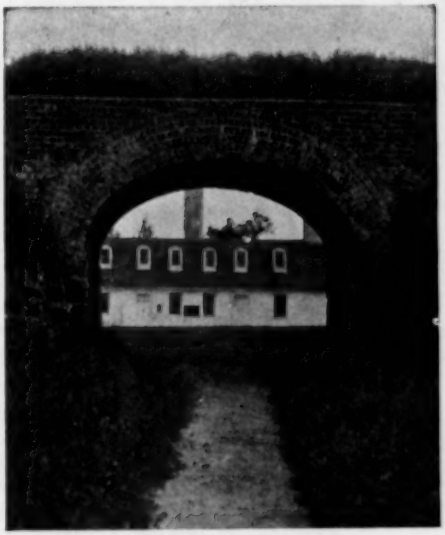
strung along the shore for miles, like a great necklace of fairy domiciles. Acadia reincarnated lives again to itself with its old time language, many of its eighteenth century customs and garbs. Further south lies Digby, with its lovely curving waterfront, hilly background and its spick-and-span flotilla of pleasure craft in the offing: Bear River, with its luscious "Cherry Carnival:" and Annapolis Royal with its old grass-grown fortifications. This town is called the "Front Door" of Eastern Canada's premier orchard country, the home of the world-famous Gravenstein apple.

At the south-east point lies Yarmouth, with its lovely homes and hedge-lined streets carefully tended, but also with its stern coast and bleak lighthouse, and jutting rocks like dank haystacks after a rain, weed-grown and forbidding.

We round the corner of the point and come to the popular South Shore with its towns and villages from which come the hardy fishermen and daring sailors. It is the nursery which supplies not only the Canadian fishing fleet but also the American. Back from the coast there stretches to the interior a varied country of lakes and rivers, forests where the traveller can step from train to automobile to canoe without a break. This coast is the background for a hundred tales of privateering and sea adventure. For instance Lunenburg, in addition to being the chief centre of the Canadian Atlantic fisheries, is the home port of the "Bluenose," the famous champion of the International Fishermen's Races. In its vicinity are the famous "Ovens," deep caves into which the Atlantic rushes with the report of guns. It is said that an Indian once entered the largest of the caves in a canoe and emerged at Annapolis at the other side of the province. Chester also is a focus of interest for in addition to being a summer resort it is the last burying place of Captain Kidd's treasure.

From Chester we approach Halifax, one of the few cities in which historic memories and natural attractions are so combined. It is full of memorial tablets recording the valour and virtues of pioneers and warriors.

For a century and a quarter Halifax has been the chief British naval and military station on this side of the Atlantic. It has always played an extensive role in the sea-battles



The Old Fort at Ste. Anne, now Annapolis Royal, the oldest town in Canada.

of the past. Its naval and military history, its tragedies and romances would take a volume to relate. An interesting memento is the Citadel which crowns the heights of Halifax, and is one of the best preserved and interesting early fortifications of the continent.

The northwest arm of the harbour, a narrow inlet lined with beautiful homes is one of the finest aquatic play-grounds of the world. On either side of the entrance to the Arm are large iron rings fastened to the rocks to which in the old days an iron chain was attached to prevent hostile ships from entering.

Our way to Cape Breton Island

lies through the beautiful marsh lands of the Wentworth and Cumberland valleys. This island, or group of islands, is unlike any other part of America, in that the ocean, penetrates to the very interior of the island, forming the Bras d'Or Lakes, which stretch over several hundred miles. Their bosom is dotted with beautifully w o o d e d islands and peaceful farms. To steam for hours through an island sea, invigorated by salt air, but remote from the engagingly primitive, retaining those traits of proud self-respect and traditional hospitality typical of the Highland Scotch.

A contrast to this island is Prince Edward Island, "The Garden of the Gulf." It has no large cities, no great mountains, lakes or rivers. What the island has, though, is an air of quiet restfulness, an atmosphere filled with all that is invigorating, and peace and contentment everywhere.

Little guests at Rainbow Haven, Farmer Smith's Summer Camp for Crippled and Undernourished Children, reveling in the surf and sunshine of one of the many beaches of the province.

turbulence of the waves along this "Arm of Gold" is an experience no traveller can forget.

The city of Sydney is the centre for the coal industry and the steel works; it is the scene of the most extensive industrial development in the Maritime Provinces.

One of the great attractions of Cape Breton is the diversified nature of its scenery. The north coast of the island is as wild and ruggedly beautiful as the Bras d'Or Lakes are lovely and placid. It is much like portions of the coast of Scotland. There are tall cliffs and bold mountains, but cozy villages nestle at their feet. The people have mixed little with the outside world, and are

This island is the home of a unique and rapidly growing industry, black fox farming. There are over 600 fox ranches scattered over different parts of the island, which are a constant attraction for visitors.

The whole north shore of Prince Edward Island, for a distance of over ninety miles is a continuous series of fine white sand beaches. The water deepens very gradually and the bather is protected shoreward by the high sand dunes, rising from ten to forty feet. It is the Cozy Corner of Canada. The island people claim that, outside of Italy, there are no skies so blue as theirs, no sunsets so gorgeous, no landscape so colourful. Certainly it is a land that for restfulness would be hard to excel.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

Training School Problems

By C. E. GUILLOD, Superintendent, Maple Creek Hospital, Maple Creek, Sask.

How are we to obtain that environment in our training schools, which shall be conducive to the best interests of the patient, and at the same time to the highest development of the student nurse?

First of all, the training school must have certain inducements to make it attractive to the right type of student, who looks for breadth of vision in the teaching personnel and a sense of fair play in the hospital management. These are seen in provision of a suitable home environment and in a respect for individuality: meaning a proper assortment of work and allotment of recreation hours, as well as, scope for initiative and the realization of one's own ideals. If these can be recognized by the applicant she will not be concerned over the curriculum, about which she knows very little previous to entering a school for nursing; she will only expect that nursing education which will fully equip her for her future work as a graduate nurse.

Before receiving the prospective student the curriculum must be comprehensively and carefully planned: each subject, with the aims, subject matter and reference reading worked out, and assignment of hours made for studies of each year. Equally important is the arrangement of a correlated schedule of the practical work, to be demonstrated in the classroom and elaborated on the wards. Theory can then be given first, and practical work immediately following. In this way, the student nurse has a reason for all she does, and is taught to think for herself.

The next thing is to select the right candidate for nursing. To make a finished product good building material is required, and so, in training school work, accepted applicants should measure up physically, mentally and morally. More thorough physical examinations should be made than often is the case. Then students should be examined thoroughly again before being accepted into the school at the end of the probation term. It is a question whether hospitals, which, on account of limited facilities, are unable to give x-ray and functional tests, should conduct training schools. Follow-up examinations should be made the rule then at least once a year. No other student is under the same physical strain as the student nurse, because she earns her nursing experience by giving full service for her education, and strenuous physical demands are made on her while she is primarily a student.

Co-operation from the high schools in selecting the candidate for nursing would be a great assistance to the training school. I believe almost every training school is accepting only students who have passed the second year in high school, and soon, we hope four years in high school will be the accepted standard. In this way, the occasional student, who is a good junior nurse, but who falls below average in the second year of training, or who does not measure up

(Read at the annual meeting, Saskatchewan Hospital Association, November, 1928.)

to third year standards, will be eliminated.

It is essential that the student nurse of today be very mentally alert, if she is to be bright enough to assimilate all the theory necessary to give her a grasp of the newer scientific principles of nursing and at the same time, to keep her head under moments of stress and heavy pressure of work. Deftness of hand is necessary for practical work and must be present to be cultivated, but an apt mind must go with it if the student is not to learn by mistakes, but is to absorb sufficient instruction to make her safe to her patients. Then, if theory precedes practice, she will have a growing knowledge, which will enable her to understand nursing procedures in detail, and to learn discrimination in dealing with all kinds of ailments and all kinds of people.

We find therefore that it is impossible for the student to measure up to all that is required of the modern nurse if she have not a sound educational basis to build on. On top of that, she must be a keen student and she must be deft in her handiwork, both of which come from exercise of concentration of mind. It is remarkable that the average student today enters a training school full of eagerness and ready to give exacting service — she has had two years high school we will say—and yet, she so often finds it difficult to concentrate on the theoretical side of her training. Instructors may try to arrange the curriculum to suit the student's needs by introducing as much of the project method as possible, but even then, there is often the difficulty of having to spend valuable time teaching the student fundamentals. While this problem is inevitable if students are taken in to training schools too young, I think it is probably more due to so many varied subjects being introduced into the preliminary education, and to the fact, that the care and demands of the patients have perforce to come first in hospital life.

Factors added to these:

(a) Not enough graduate staff to relieve students while they are at class.

(b) Instruction being made of secondary importance, by crowding class-work into what should be recreation hours, instead of making it a definite piece of work in on-duty time.

(c) Too few study hours, and not enough time for discussion of practical and laboratory work on wards, arranged for.

Since the education of the nurse is of the heart, as well as of the head and hand, while she is being taught that nursing is an art, and that her practical work must have a certain artistic finish, she must be educated to realize that she is dealing with sensitive human souls, withal, she must be essentially human herself and possess the personal touch that brings healing to distraught minds as well as succor to ill bodies. A hospital is successful or otherwise according to the skill and kindness of its staff, and members of the staff who possess tact and grace in dealing with the emotional instability of the ill mind and at the same time, can render skilful attention to the body, are the really valuable people an institution cannot afford to be without. If in our training schools, greater emphasis is to be thrown on respecting the sensibility of patients and on satisfying all the varied needs of patients, we must have faith enough in our students to treat them with confidence, but first, we must carry to them a vision of the great appeal in nursing, which is to add something to the beauty and comfort of God's world.

Growth and development of heart principles can only take place under

right conditions of environment, and. if the student is to get right reactions, the atmosphere surrounding her should be wholesome and spontaneous, kindly and sympathetic. If all of these, it will be happy and stimulating, and the student who has entered hospital life full of zealous enthusiasm, so characteristic of the youth of today, dreaming of opportunities for purposeful activity and of service to others, will not have the lustre of her enthusiasm dimmed, but rather, it will grow brighter in the mutual confidence of teaching staff and student. Only so long as such wholesome relations exist can the student be encouraged to use her own initiative, and to find an outlet for her own creative thinking.

Factors contributing to the harmonious atmosphere necessary in training school life:

(a) Mental and physical health of instructor and student.

(b) Uniformity in methods of procedure throughout the institution.

(c) Constructive criticism when criticism is necessary, and full credit given for good work done. Monthly records of nurses in training could be used for discussion with students themselves with the help of the supervisor, and also the satisfaction of knowing they are receiving credit for work well done.

Vision and teaching qualities in instructors and head nurses are supremely necessary. The educational value of ward routine to a student nurse depends, not alone on her interest, her mental equipment and previous training, but also on the intelligence and vision of her teachers. Appointment of supervisors and head nurses who have an interest in teaching, as well as the knowledge to present the ward as a laboratory of learning to the student, is most important. The true teacher possesses an experimental mind and a sympathetic understanding of the student's problems and needs. Individual capacities of students should be studied and opportunity afforded for development of natural ability. Attention should be constantly directed to the attitudes and ideals of the students with emphasis upon the opportunities for character building. Supervision must be of the best type, and the problem of how to use the practical experience on the wards to best advantage in the education and development of the nurse, be worked out on each ward. Our students assimilate a great many of their ethical principles from contacts on the wards. Does not this conception of supervision hold a challenge for all those entrusted with the education of student nurses, and have not the head nurses, as well as the instructor in the classroom, a responsibility as teachers?

The doctors on the hospital staff have a part to play in the education of the student nurse. They are watched, and their qualities gauged by the ideas of these enquiring young people, and it means much to the student nurse in her future nursing life, if the doctors she looks up to have the true teaching spirit, and do not fail in her eyes in their task of uplifting others.

The principal of the training school, not being a supernatural being, can hardly stand alone if she is to build up the type of training school that produces nurses of outstanding value. She should be chosen by the board of directors for her qualities of experience, and she must possess a spirit of leadership if she is to guide the students under her supervision. With these qualities she can never satisfactorily organize, or keep organized, a training school without the support of the board of directors.

My association with hospital boards has taught me that they are composed of the wonderful kind of people who often give their time unselfishly, to the thankless task of

helping their fellowmen. The responsibility resting on the directors of keeping the hospital in working order on limited financial resources is a heavy enough burden, without their feeling actively responsible for the education of the nurse. Because of this, and also, because the principal of the training school may not be doing her part in placing the training school feature of hospital life before them, and in giving them a comprehensive report of the workings of the school at regular intervals, the directors often do not realize that they are the ones who have the real responsibility of the training school resting on them.

If the board considers that it already has enough duties, it can see that a training school committee is appointed to govern the policies of the training school: a committee composed of members who have much more than an indifferent attitude towards the training school, members who are intellectually suitable and who have those far-seeing qualities which bring understanding. The appointment of this kind of a training school committee would be a hope, and perhaps sometime a reality, that the training school would be afforded a separate identity from the hospital, thus having it, not only on a separate financial basis, but made the whole-hearted endeavour of a group of people who understand the problems of a training school, and have a realization of what the training school of their own community should be.

McGILL UNIVERSITY

The School for Graduate Nurses, McGill University, under the direction of Miss Bertha Harmer, R.N., M.A., has important announcements to make regarding plans and new developments in the educational programme for the coming year. The courses to be offered are planned to meet the expanding professional needs and in accordance with the trends in the development of nursing education in Canada. Further particulars will be published in the May issue of the Journal, and detailed information will be available in the new Calendar of the School to be issued early in the spring.

INTERNATIONAL COURSES

A booklet has been received announcing the International Courses, 1929-1930, under the direction of the Division of Nursing, League of Red Cross Societies. Two courses are offered; (1) Public Health for Nurses, (2) For Nurse Administrators and Teachers in Schools of Nursing. The League arranges these courses in conjunction with Bedford College for Women, University of London, and the College of Nursing, London.

One hundred and forty-one students from thirty-nine countries have followed one of these two courses since first started in 1920. Those wishing to attend one of the courses should make application to the Division of Nursing, League of Red Cross Societies, 2 Avenue Valesquez, Paris, 8.

SIR VINCENT MEREDITH

Graduates of the Royal Victoria Hospital Training School for Nurses, Montreal, all over Canada, will learn with regret of the death of Sir Vincent Meredith, Bart., which occurred at his residence in Montreal on February 24th, after a lingering illness.

Sir Vincent was president of the hospital and a faithful visitor in the wards every Sunday morning for many years. He will be greatly missed, particularly in the Training School, in which he was keenly interested.

Sir Vincent took much pleasure in encouraging all kinds of healthful recreation among the student nurses and was most generous in his gifts to the Nurses' Home.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

Ante-Operative and Post-Operative Care

Demonstration of Surgical Technique for abdominal operation given by two intermediate nurses of St. Joseph's Hospital, London, Ontario, at the Course for Nurse Instructors, Victoria Hospital, June, 1928.

I

Preparation of ether bed and table.

While the patient is in the operating room it is the nurse's duty to prepare the anaesthetic bed and table, and have everything in readiness for the patient's care and comfort when he is returned to his room.

The patient is usually admitted to the hospital a day, or sometimes several days, previous to that assigned for the operation. This helps to avoid fatigue and excitement on the day of operation, allows the patient to become accustomed to his surroundings and hospital routine, and also allows the surgeon to receive reports from the different tests necessary before he will operate. From information thus obtained it may be found that surgical interference is contra-indicated, e.g. sugar in the urine, or a certain heart condition might also contra-indicate the risk of operating or the giving of a general anaesthetic, or at least indicate the need for very great care. From the examination of the blood it may be learned that the patient is a "bleeder."

It is the duty of the nurse to endeavour to allay any apprehensions the patient may have, to encourage and strengthen his confidence in his surgeon, in the nurses, in their unquestioned ability to meet every situation in the hospital, and in the adequate provision made for his proper care and recovery.

On the day previous to the operation three light but nourishing meals are usually allowed. No food is given after the evening meal. He is encouraged to drink extra water to help flood the tissues with fluid.

A cleansing enema is given the evening previous to free the lower bowel of its contents. That the bowel be empty is most essential for many reasons. If the result from the first enema is not satisfactory, a second or even a third should be given; the return must be clear.

The practice of giving cathartics previous to an abdominal operation has been discontinued by many surgeons, for several reasons. Free purging d e p l e t e s the patient's strength too severely, robs the tissues of water, relaxes and lowers the tone of the intestinal muscles, predisposing to distention. Omission of the cathartic also i n s u r e s a better night's rest. And this good night's rest is most essential, being one of the prophylactic measures for the prevention of shock.

The patient must be scrupulously clean. To avoid hurry and fatigue on the morning of the operation, especially if it is booked at an early hour, the cleansing bath is usually given on the previous day.

The preparation of the field of operation is made according to the orders of the surgeon in charge. Our routine is as follows: Surgical bath, seeing that an adequate area is prepared; a thorough washing with sterile soap and water followed by a second washing with clear water, then drying. Harrington's Solution is then applied followed by alcohol 50 per cent. Sterile dressings are applied, which are secured in place by a firmly pinned abdominal binder. This preparation is made on the night previous. On the following morning the dressings are removed, the abdomen painted with Tr. Iodine,

and the dressings and binder replaced.

Before going to the operating room the bladder must be emptied. Some surgeons have the patient catheterized to insure a complete removal of urine, especially if the operation is on the pelvic viscera.

All plates or removable bridgework must be removed. No jewelry is allowed.

It is the practice of some physicians to give a hypodermic injection of morphin grs. ¼ and atropin grs. 1/150 about one hour before going to the operating room. The morphin takes care of the psychic stage of anaesthesia, and the atropin helps to eliminate bubbling in the throat lessening the danger of aspirating mucus, etc., into the trachea.

The temperature, pulse and respirations are taken and recorded. All reports, treatments and medications given are charted, also the time at which the patient leaves his room for the operating room, and the chart accompanies the patient.

The patient must be well protected with blankets when being conveyed to and from the operating room, as the loss of body heat is another factor contributing to shock. A nurse always accompanies the patient to the operating room, and in our hospital the sister in charge of the floor on which the patient is located goes to the operating room also, and remains until the patient is anaesthetized.

II

The patient is now returned to his room.

The ether bed has been prepared. The room should be quiet, the light shaded, warm, plenty of fresh air but no draughts. All hot water bottles are removed from the bed. If it is ordered that heat be applied to the patient the bottles must be placed between blankets. A nurse must never forget her responsibility in regard to hot water bottles around an unconscious patient. The patient must be carefully lifted from the stretcher to the bed. A hard pillow is placed under the knees to prevent strain on the abdominal muscles. The condition of the patient, if cyanosed or of good colour, must be noted; also the time he is returned to his room. The pulse is taken frequently and its rate and volume recorded. Any change to a rapid, weak, compressible pulse must be reported immediately. The patient must never be left alone while under the anaesthetic.

If vomiting occurs the head should be gently turned to one side, and the vomitus basin placed where it will be most convenient. If the vomiting persists a gastric lavage will in all probability be ordered. A proctoclysis may also be ordered to be given as soon as the patient is returned to bed; in other cases it may be deferred till the patient has regained consciousness. A proctoclysis is the introduction of fluid into the rectum, drop by drop, for the purpose of supplying the body with fluid, helping to relieve thirst, and assisting in the re-establishment of peristalsis and the consequent freeing of the intestines of gases and toxic products.

A hypodermoclysis is also quite frequently ordered. This treatment is particularly indicated in cases where the patient shows symptoms of shock, or hemorrhage. A hypodermoclysis is the injection of normal saline solution, or Lock's solution, into the subcutaneous tissues. The usual site of injection is under the breast, but it may be given beneath the skin of the abdomen, in the thighs, buttocks, or in the axillary line. Sometimes, in cases of dehydration in infants it is given intraperitoneally. An adult patient can usually absorb from 500 to 1,000 cc. given slowly. The temperature of about 112° should be maintained throughout the treatment.

In cases of shock, in addition to the giving of the hypodermoclysis, one would add extra blankets to conserve the body heat, surround the patient with hot water bottles, and elevate the foot of the bed. The drug most likely to be ordered would be adrenalin (m. x to xv), though strychnin and digitalin may also be ordered.

Perhaps one of the most common complaints after a surgical operation is thirst. This may be relieved by giving the patient sips of hot water, and in some cases cold water is allowed, providing no more than sips are given. Sometimes small pieces of cracked ice are given, but with most patients this treatment seems to intensify the thirst. Frequent washing of the mouth with water or some mouth-wash proves refreshing. Some surgeons allow as much hot water as the patient desires, even before vomiting has ceased, because it satisfies the patient, relieves the thirst, and when it increases the vomiting, it tends to act as a lavage.

The patient must be kept quiet, for rest and quiet are Nature's great restoratives. Morphin is usually necessary the first night, and occasionally the second night also, in order to relieve the pain or overcome restlessness. The nurse should see that all causes of discomfort are removed and simple measures taken to induce sleep before the morphin is given. In this way the patient derives the full benefit of the drug. If the patient complains later of gas pains quite frequently the passing of the rectal tube gives relief. But if the pains continue and some distention is present it is probable a colon irrigation would be the treatment ordered. However, this irrigation would not be indicated if there were any peritonitis present, as it increases the peristalsis and this would risk spreading the infection.

The patient must also be turned from side to side quite frequently, always seeing that the back is supported with a pillow. This changing of position aids in the prevention of adhesions and hypostatic pneumonia. If there are drainage tubes in the wound, the amount and character of the drainage must be carefully observed and recorded.

—By the courtesy of the Canadian National Railways.

THE MONTREAL ART GALLERY.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

A Day with the Sisters of Charity in Zagreb

By MARY MILLMAN, Toronto

Early in June, 1928, I spent a most interesting day in Zagreb, Jugoslavia, under the guidance of the Rev. Sister Blanda, who, with Sisters Nominanda and Sebastian, visited Toronto in 1927 to study nursing and health conditions. Sister Blanda is an instructor in the State School of Nursing in Zagreb, and Sisters Nominanda and Sebastian are in charge of wards in the hospital, where the nursing service is given by the Sisters of Charity.

I met Sister Blanda at the convent and was shown over the large and excellently equipped buildings, where they have, as day pupils and boarders, girls from the age of two years to normal school pupils. In this convent school stress is laid on building up a national spirit (for Jugo-Slavia consists of many national groups), partly by encouraging the national arts of embroidery, handicrafts, etc., the national songs and dances, and partly by making the children feel their responsibility for their new country. There were, as well as the usual academic classes, special classes for children who will have to earn their living with their hands, either for financial or for mental reasons. The church embroideries worked by the Sisters were so fine that they seemed too exquisite to be the work of the present day and to hint rather of mediaeval times.

Our next visit was to the women's penitentiary, which is just outside the city. Here are sent half the women prisoners whose offence is a penitentiary one. At the time of our visit there were between fifty and sixty women there, although a greater number is usual. Several pardons had been granted upon the birth of the king's second son. In charge of this institution are thirteen Sisters, whose method of caring for their prisoners is not one of weapons and punishments, but of education and kindliness. Most of these women are in for murder, or theft, and come from very poor homes with a low standard of education. Some are unable to cook properly or to hold a needle upon arrival. The Sisters train them in farm work and housework, so that on their release they may look after their own homes and know how to work for others. To judge by the delectable dinner served to us, the Sisters have succeeded in teaching cooking. Spinning, weaving, plain sewing, embroidery, cobbling—in short, all things that may be helpful in making them useful citizens are taught the prisoners. One remarkable feature that might well be copied by Canadian institutions is that each woman receives from one-quarter to one-third of the proceeds of the sale of her work. We left feeling that here was a penal institution which really was serving its purpose of reforming, and not merely punishing.

The Hospital for the Insane, a few miles outside the city, is not such a happy memory, although my admiration for the Sisters of Charity who are carrying on there is boundless. The hospital is over-crowded and has few modern facilities for treatment. The Sisters have had no special training, but their kindliness and fortitude under these trying conditions puts us lay people to shame.

The Hospital of the Sisters of Charity is in a most beautiful location, which should speed up the recovery of its patients. Few of the Sisters have had what we consider adequate training, but the adult ward supervised by Sister Sebastian and the children's pavilion under the charge of Sister Nominanda show the effects of the Sisters' special training in England, the United States and Canada.

The spirit of true kindliness and the desire to give adequate service which pervaded every type of work carried

on by these Sisters made a lasting impression on me, and I feel that, with the strong efforts being made by the three Sisters who have travelled, in time all the Sisters engaged in nursing will be able to add to their effectiveness by entering the regular courses in the school of nursing. And, apparently, for years to come, the bedside nursing will be delegated to the religious orders, while the lay nurses undertake public health work.

Regional Conference

The first Regional Conference for board members of the Victorian Order of Nurses was held in Hamilton on January 15th, 1929.

This pioneer educational effort was generously attended, fifteen of the twenty Western Ontario Associations being represented by 58 board members, 19 nurses and 7 representatives of other organizations.

At the morning session, Dr. Grant Fleming outlined the objects and possibilities of round table conference, making an appeal for a national point of view and an extension of service to cover opportunities hitherto overlooked or neglected: stressing the responsibilities of board members to know the work of the Order and interpreting it to the public.

The round table discussion then followed, with Dr. Reid in the chair. The problems presented included: how to provide nursing relief during the night, on Sundays and holidays for single-nurse districts; the best kind of organization and constitution of V.O.N. boards and committees; ways and means of obtaining good publicity in small districts for development of service and for securing funds; relationship of districts to Central Office and benefits derived therefrom; how best to care for chronics; central homes for nurses; the right basis for promotion and for salary increase. It was agreed by all that local branches should be willing to consider adding the cost of central supervision to their M.L.I. visits, and, if paid, to turn the difference into central funds. Each district was invited to appoint an active educational member who would join the national Education Committee and serve as a new channel for information between the Central Committee and the local branch.

The afternoon session opened with a short play given by Miss Greenwood, of Toronto, and Miss Clarke, of Brampton, illustrating the difficulty at times met with in entering a home, the tactful manner in which this was overcome, and the opportunity for a second service which eventually opened up because of the informed friendliness of the Victorian Order nurse. Then followed papers on "Interlocking Health Services," by Dr. Fleming and Miss Greenwood for the voluntary nursing organization, and by Dr. Cannon, of Hamilton, and Miss Dyke, of Toronto, from the point of view of the Public Health Department. Medical practitioners, public health officers, and Miss Smellie then joined in a stimulating discussion. Exhibits from National Headquarters proved to be an outstanding addition to the occasion. Miss Percy's services in this and other connections should be gratefully recorded. The cost of this educational experiment, the value of which will doubtless be felt throughout all the districts represented, was inconsiderable, leaving a substantial balance to be applied to the expenses of the next conference, which will be held in April in Montreal for eleven of the adjoining districts.

To Dr. Helen Reid can be attributed a large share of the success of the conference. Both she and Dr. Grant Fleming devoted considerable time and thought to the planning and carrying out of the programme.

Book Reviews

Publicity for Social Work, by Mary Swain Routzahn and Evart G. Routzahn. Published by the Russell Sage Foundation, New York, 1928. Price, $3.00.

This book closely follows "Exhibit Planning," and it is hoped that others will soon follow, as there are a number of publicity ventures not featured here, as: publicity for children, periodical bulletins. It would be interesting to have the authors' more extensive opinion on the value of moving pictures in publicity.

No training school yet exists to prepare social workers for publicity work, therefore they have to depend on literature written by different people.

In "Publicity for Social Work" the writers keep before their readers the fact that the persons whom the social worker desires to inform do not wish to be furnished with such knowledge, as a rule. Hence the important factor in publicity is to create a desire for such information. Social workers are interested in selling the things they are doing, and want to do, to the public; but they have little conception how to approach groups. They try to sweeten the pellet, but the public chokes. To the public, the language of the social worker is so much gibberish and jargon. Too frequently the social worker uses terms to which the public has not been initiated.

To such workers this book contains many practical suggestions founded on years of experience. Prior to the writing of this book, the Routzahns had written many pamphlets on Publicity and were connected with the National Conference of Social Work and many other social work organizations. Evart Routzahn had also served as editor of the Educational and Publicity Department of The American Journal of Nursing and "Better Times" Magazine. At one time he was instructor of Publicity Methods in the New York School of Social Work. Hence the advice given is well founded and the material for the book has been drawn from all branches of social work.

The book is clearly written and there is no superfluity of language. From the detailed descriptions of methods necessary to attract and hold public attention, to obtain good-will and response, the writers carry the reader along to publicity for social work with the newspapers and the competition with hundreds of other interested groups for prominent space in them, also publicity in other printed matter as handbills, leaflets, folders, etc., with their decorations and illustrations and the distribution to the public of such. This is followed by advice on the conducting of meetings, exhibits and intensive campaigns that the spirit of the public may be aroused and fitting action taken.

Nowadays there is so much literature crowding the market, with little thought of the individuals to whom it is going, that the worker often not realizing that every group requires a different mode of approach, that some such system as that outlined here will need to be followed, fail to establish with the public the relations that they so desire.

—Florence Robertson.

Communicable Diseases for Nurses and Mothers, by Albert G. Bower, M.D., Glendale, California; Edith B. Pilant, R.N., Los Angeles General Hospital. Published by W. B. Saunders Co., London and Philadelphia. Canadian agents, McAinsh & Co., Ltd., Toronto. Price $3.00.

A text-book which every graduate nurse in active work will find a very useful addition to her book-shelf.

Dealing very clearly and concisely as it does with the various symptoms and complications peculiar to each infection, it is a practical reference book for those who wish to "brush up" on methods of procedures in home or institutional nursing.

For student nurses in conjunction with their course of lectures on Communicable Diseases or while taking their practical work in the wards it will add much to the interest of this particular branch of the training.

—Frances E. Welsh.

International Council of Nurses

The Congress which meets in Montreal will be held under the distinguished patronage of their Excellencies the Governor-General of Canada and Viscountess Willingdon.

It is expected that the Board of Directors will meet from July 1-3, and the Grand Council, July 5-7. Special religious services for members of the Council are being arranged for Sunday, July 7th.

The Committee on Programme have submitted the following progress report for the programme:

MONDAY, JULY 8th

2 p.m.—

GENERAL SESSION

Chairman—**Miss Nina Gage, president,** International Council of Nurses.

The President's Address.

Report of the Fifth Congress of the International Congress of Nurses.

Report of Secretary.

Report of Treasurer.

Report of Committee on Arrangements.

Report of Committee on Programme.

Report of Grand Council.

Reports of all Committees.

5.15-6 p.m.—

Films, Congress Headquarters.

8 p.m.—

OPENING SESSION

Chairman—Miss Nina Gage, president, International Council of Nurses.

Addresses of Welcome—

His Excellency the Governor-General of Canada.

The Archbishop of Montreal and Chancellor of the University of Montreal, Monseigneur George Gauthier.

The Premier of Quebec, Hon. L. A. Taschereau.

The Mayor of Montreal, Mayor Camilien Houde.

The Chancellor of McGill University, Mr. E. W. Beatty.

The President of the Canadian Medical Association, Dr. A. T. Bazin.

The President of the Canadian Nurses Association, Miss Mabel Hersey.

Response to Addresses of Welcome—

Miss Nina Gage, president, International Council of Nurses.

TUESDAY, JULY 9th

9.30 a.m.—

GENERAL SESSION

Chairman—Miss Clara D. Noyes, first vice-president, International Council of Nurses; director, Nursing Service, American Red Cross.

Roll call by countries.

Reports of affiliated organizations (in order of affiliation):

The National Council of Nurses of Great Britain.

The American Nurses' Association.

The Nurses' Association of Germany.

The Canadian Nurses Association.

The Danish Council of Nurses.

The Nurses' Association of Finland.

The Nosokomos, Holland.

The Trained Nurses' Association of India.

The New Zealand Trained Nurses' Association.

The National Federation of Belgian Nurses.

Exchange Scholarships — Miss Alice Lloyd Still, matron, St. Thomas's Hospital, London.

3 p.m.—

MEETINGS OF SECTIONS

Nursing Education Section

Chairman—Miss Lillian Clayton, president, American Nurses' Association; director, School of Nursing, Philadelphia General Hospital, Philadelphia, Pa.

The Preparation of a Curriculum—Dr. E. S. Ryerson, secretary of the Faculty of Medicine, University of Toronto.

Trends and Development in Vocational Education—W. W. Charters, Ph.D., Professor of Education, University of Chicago, Illinois, U.S.A.

The Community Need in Relation to the Education of the Nurse—Mlle. Chaptal, president, The National Association of Trained Nurses of France.

Note—Discussion will follow the presentation of above subjects.

Public Health Section

Chairman—President of New Zealand Trained Nurses' Association.

Developments in the Public Health Field —Dr. G. B. Roatta, director of dispensaries, Florence, Italy.

The Red Cross Nursing Programme—Mrs. Maynard Carter, chief, Division of Nursing, League of Red Cross Societies.

Representative appointed by the International Red Cross Committee.
Note—Discussion will follow the presentation of above subjects.

Private Duty Section

Chairman—President, The Nurses' Association of Germany.
The Status and Problems of the Private Duty Nurse—
Asia—Miss Agnes Chan, superintendent of Nurses, Wesleyan Hospital, Fatshan, Tung, China.
Australasia—Speaker appointed by the Nurses' Association of Australia.
Africa—Miss A. Gordon, matron of the Victoria Nurses' Institute, Cape Town, South Africa.
Europe—Miss Else C. Kaltoft, Denmark.
America—Miss Janet M. Geister, director at Headquarters, American Nurses' Association, United States.
Note—Discussion will follow the presentation of above subjects.

5.15-6 p.m.—
Films, Congress Headquarters.

8 p.m.—

GENERAL SESSION

Chairman — Mrs. Bedford Fenwick, founder, International Council of Nurses.
"The Watchword"—Mrs. Bedford Fenwick.
Introduction of Newly Affiliated National Organizations.
Greeting from Pioneer Members—
Miss Lavinia L. Dock, United States.
Miss Margaret Breay, Great Britain.
Miss Mary A. Snively, Canada.
(Additional speakers may be added later.)
The Future—
Miss M. A. Nutting, Emeritus Professor of Nursing Education, Teachers' College, New York, U.S.A.

WEDNESDAY, JULY 10th

9.15-10.45 a.m.—
Round Table A—The Need of Education in Mental Nursing in the General Nursing Curriculum.
Chairman—Miss S. C. Hearder, matron, Bethlehem Royal Hospital, London, S.E.
Round Table B—Utilization and Organization of Teaching Services in Various Public Health Activities not under School Control.
Chairman—Mlle. Cecile Mechelynck, director of the Visiting Nurse Association of Belgium.
Round Table C—Economic Aspects of Nursing Education and Nursing Services.
Chairman—Miss Nellie X. Hawkinson, dean, School of Nursing, Western Reserve University, Cleveland, Ohio, U.S.A.
Round Table D—Specialized Training for Private Duty Nurses.
Chairman—To be appointed by the Nurses' Association of Germany.

11 a.m. to 12.30 p.m.—
Round Table E—The Public Health Nurse and Social Work.
Chairman—Miss Alma C. Haupt, R.N., associate director, Rural Hospital Division, Commonwealth Fund, New York, U.S.A.
Round Table F—Text and Reference Books for Nurses.
Chairman — Miss Zefira Majdrakova, Bulgaria.
Round Table G—The Place of Preventive Medicine in the Curriculum of the School for Nurses.
Chairman—Miss J. Romanowska, president of the National Council of Polish Professional Nurses; supervisor of the Rural Health Centre, Skierniewice, Poland.
Round Table H—Staff Education.
Chairman—Mr. Kuo Jung Hsun, operating room supervisor, P.U.M.C. Hospital, Peking, China; chairman, Headquarters Building, Committee of Nurses' Association of China.

2 p.m.—

GENERAL SESSION

Chairman—Miss Nina Gage, president, International Council of Nurses.
University Schools of Nursing—Miss Anna Goodrich, dean, School of Nursing, Yale University, New Haven, Conn., U.S.A.
Leadership—Speaker to be appointed by American Nurses' Association.
The Nurse as a Citizen—Sister Bertha Wellin, member of Swedish Parliament; president of the Swedish Nurses' Association.

5.15-6 p.m.—
Films, Congress Headquarters.

THURSDAY, JULY 11th

9-10.30 a.m.—
Round Table A—Maternal Care.
Chairman—Miss Margaret Breay, vice-president of the British College of Nurses.
Round Table B—Administration of and Instruction in School Wards in Hospitals not under School Control.
Mlle. Chaptal, president, National Association of Trained Nurses of France; director, Madison École d'Infirmieres Privées, Paris.

Round Table C—Red Cross Nursing.
Chairman—Mrs. Maynard Carter, chief, Division of Nursing, League of Red Cross Societies.
Round Table D—New Ideas and Devices in the Nursing Care of the Patient.
Chairman—Miss Healy, S.R.N., assistant superintendent, Central Welfare, Dublin, Irish Free State.

10.45 a.m.-12.45 a.m.—

GENERAL SESSION

Chairman—Miss Jean I. Gunn, second vice-president, International Council of Nurses; superintendent of nurses, Toronto General Hospital, Toronto, Canada.
Reports of Affiliated National Organizations. (In order of affiliation.)
The Nurses' Association of China. (Report given by Miss Shih Hsi En, general secretary, Nurses' Association of China, Hankow.)
The Norwegian Nurses' Association.
The South African Trained Nurses' Association.
The Bulgarian Nurses' Association.
The National Association of Nurses of Cuba.
The National Association of Trained Nurses of France.
The National Council of Trained Nurses of the Irish Free State.
The National Council of Polish Professional Nurses.
Reports of National Organizations affiliated at Montreal Congress.
Reports of the Associate National Representatives.
Reports from Other Countries.

3 p.m.

MEETINGS OF SECTIONS

Nursing Education Section

Chairman—Miss Lillian Wu, president, Nurses' Association of China; superintendent of nurses, Red Cross Hospital, Shanghai, China.
Legislation as Related to Nursing—Miss E. M. Musson, chairman, General Nursing Council of England and Wales.
State Supervision in Schools of Nursing—Miss Adda Eldredge, director of Nursing Education; secretary, State Board of Nurse Examiners, State Board of Health, Madison, Wisconsin, U.S.A.
The Advisability of Standardizing Nursing Education—Speaker appointed by the Nurses' Association of Germany.
Note—Discussion will follow the presentation of above subjects.

Public Health Section

Chairman—Mlle. J. Hellemans, president, National Federation of Belgian Nurses.
The Citizen in Relation to the Public Health Programme—Dr. Helen Reid, Montreal, Canada.
The Study of the Normal Child as a Preparation for Public Health Nursing:
Physical Aspects — Mlle. Grenier, France.
Mental Aspects — Miss Winnifred Rand, Merrill Palmer School, Detroit, Michigan, U.S.A.
Discussion opened by Miss Mitchell, matron of Lady Buxton Home, Claremont, South Africa.

Private Duty Section

Chairman—Miss Charlotte Munck, president, The Danish Council of Nurses.
Developments in Private Nursing—Miss Isobel Macdonald, secretary, Royal British Nurses' Association.
The Financial Aspects of Medical and Nursing Services—Miss Elizabeth Fox, national director, Public Health Nursing Service, American National Red Cross, Washington, D.C., U.S.A.
Note—Discussion will follow the presentation of above subjects.

5.15-6 p.m.—

Films, Congress Headquarters.

8 p.m.—

GENERAL SESSION

Chairman—Miss Mabel Hersey, president, Canadian Nurses Association; superintendent of nurses, Royal Victoria Hospital, Montreal, Canada.
The Scientific Method in Social and Health Work—Dr. Julius Tandler, professor of the University of Vienna and Health and Welfare Commission of Vienna.
The World's Health—(Speaker not yet assigned.)

FRIDAY, JULY 12th

9.15-10.45 a.m.—

Round Table A—The Co-operation between Sister Tutors and Ward Sisters in the Training of the Student Nurse.
Chairman—Mrs. L. L. Bennie, president of the South African Trained Nurses' Association.
Round Table B—Nursing in Relation to Mental Hygiene from the Standpoint of the Community.
Chairman—Miss Katharine Tucker, general director, National Organization for Public Health Nursing, New York, U.S.A.
Round Table C — Health of Student Nurses—Sister Andrea Arntzen, superintendent of nurses, Ullevoal Hospital, Oslo, Norway.
Round Table D—Community Organization for Health Work.

Chairman—Miss H. L. Pearse, superintendent, School Nurses, London County Council, England.

Speaker—Miss H. Viney, secretary, Local Branches, College of Nursing, England.

Round Table I—Government Nursing Services.

Chairman—Miss Elinor D. Gregg, chairman, Government Section, American Nurses' Association; supervisor of nurses, United States Indian Service, Department of the Interior, Office of Indian affairs, Washington, D.C., U.S.A.

11 a.m.-12.30 p.m.—

Round Table E—Recreation and Other Activities of the Student Nurse.

Chairman—To be appointed by the Nurses' Association of Finland.

Round Table F—The Purpose, Scope and Arrangement of Practical Field Work in the Training Course in Public Health Nursing.

Chairman—Miss E. K. Russell, director of Public Health Nursing, University of Toronto, Canada.

Round Table G—University Relations in Schools of Nursing.

Chairman—Miss Mabel F. Gray, director of Department of Public Health Nursing, University of British Columbia, Vancouver, B.C., Canada.

Round Table H—In What Cases Can Visiting Nursing Be Substituted for Private Duty Nursing?

Chairman—Miss J. Serton, secretary of the National Association of the District Nurses in Holland.

2 p.m.—

GENERAL SESSION

Chairman—Representative of the Italian Nurses' Association.

Adult Education—Speaker to be appointed by the American Nurses' Association.

The Need for Publicity in Nursing—Miss G. Cowlin, librarian, College of Nursing; or Miss M. S. Rundle, secretary, College of Nursing, England.

Rural Nursing—

Miss Nikica Bovolini, instructor, School of Nursing, Belgrade, Jugoslavia.

Miss Alexandra M. Wacker, State Hygienic Institute of Hungary, Budapest.

Miss Mary K. Nelson, Franklin County Memorial Hospital, Farmington, Maine.

Miss Elizabeth Smellie, chief superintendent, Victorian Order of Nurses for Canada, Ottawa, Canada.

SATURDAY, JULY 13th

9.15 a.m.—

GENERAL SESSION

Chairman—Miss Nina Gage, president, International Council of Nurses.

Resolutions from Sections.

Resolutions from Round Tables.

Report from Grand Council.

General Business Session

(Agenda will be issued in later draft of programme.)

8 p.m.—

GENERAL SESSION

Chairman—Miss Nina Gage, president, International Council of Nurses.

The Interdepedence of Nations—Hon. R. B. Bennett, Leader of the Opposition, House of Commons, Canada.

Introduction of newly elected officers.

Addresses of Farewell—

Asia—Miss C. F. Slater, The Dublin University Mission, Hazaribagh, India, former secretary of the Trained Nurses' Association of India.

Australasia—President or representative of New Zealand Trained Nurses' Association.

Africa—Mrs. L. L. Bennie, president of the South African Trained Nurses' Association.

North and South America—President or representative of the National Association of Nurses of Cuba.

Europe—Representative of the Nurses' Association of Finland.

HEADQUARTERS: The Montreal High School, University St., Montreal.

REGISTRATION: The registration bureau will be at headquarters. Registration will begin on July 5th and continue throughout the following week.

TRANSPORTATION: Reduced fares on the Identification Plan will be available for Canadian nurses attending the Congress.

Arrangements are being made with the president of each Provincial Nurses Association to issue identification certificates.

Any nurse wishing to take advantage of the reduced fare must apply to the president of her Provincial Association for her Identification Certificate which must be presented when purchasing ticket to Montreal.

Round-trip tickets at fare and three-fifths will be issued.

For some sections of Canada the Summer Tourist Fare or the usual Summer Rate may be less expensive than the Identification Certificate plan.

Information regarding dates of sale for tickets, and the names of those responsible for issuing Identification Certificates will be given later.

RESTAURANTS: Information regarding restaurants will be available at headquarters. Meals outside hotels need not cost more than

50c to 75c for breakfast, 75c for lunch and $1.00 for dinner.

EXHIBITS: It is considered advisable that all exhibits should be in Montreal not later than May 15th. It will be a great help to the Exhibits Committee if all cases are clearly marked for the section to which they belong, viz.—Nursing Education, Public Health, etc. An inventory of the contents and instructions regarding their arrangements should be enclosed with the exhibits.

The exhibit room is to the left of the main entrance to headquarters, and can also be entered from the street.

The committee hopes to meet all requests for space and urges exhibitors to state clearly the amount of space desired when making application.

Address exhibits to Miss C. M. Ferguson, Convener of Exhibits Committee, Royal Victoria Hospital, Montreal.

SOCIAL AFFAIRS: Arrangements are not completed but those already planned include a visit to Ottawa, and a reception at Government House for the Grand Council, and a garden party on the last day of the Congress for the entire Congress membership.

MEETING PLACES: The Forum will be used for the large General Sessions.

The Montreal High School will be used for meetings of the Nursing Education Section, and rooms will be reserved here for special meetings of nurses from affiliated countries.

The Mount Royal Hotel will be the meeting place for the Public Health Section.

The Windsor Hotel will be the meeting place for the Private Duty Section.

INFORMATION: An Information Booth will be maintained at Headquarters, and will be open every day until 11 p.m.

A list of Convention members will be available for nurses wishing to locate friends.

SIDE TRIPS OF INTEREST: Information regarding interesting places to visit in and near Montreal will be placed in the folder given to each nurse on registration.

The Sub-Committee on Housing for the Congress announces that the supply of single rooms in the large hotels is now exhausted, but there are still a number of single rooms for reservation in private homes and in boarding houses, and a limited number in the smaller hotels.

Nurses who are planning to attend the Congress and who have not yet made reservation for accommodation are requested to do so without further delay.

While the single room accommodation is about exhausted there are still available in the large hotels a number of large rooms which will accommodate two, three or four. These hotels with rates are:

MOUNT ROYAL HOTEL (all rooms have baths):

2 in a room	$ 7.00 per day.
3 in a room	9.00 per day.
4 in a room	10.00 per day.

WINDSOR HOTEL:

2 in a room—	
With bath	$8, $9 or $10.00 per day.
Without bath	6.00 per day.
3 in a room—	
With bath	10.50 per day.
Without bath	8.25 per day.
4 in a room—	
With bath	12.00 per day.
Without bath	10.00 per day.

PLACE VIGER HOTEL:

3 in a room—	
With bath	$ 9.00 per day.
Without bath	7.50 per day.
4 in a room—	
With bath	10.00 per day.
Without bath	8.00 per day.

N.B.—Rates quoted above are for the room and not per person.

Rooms will be available in private homes and in boarding houses at the rate of from $1.50 to $2.00 per night per person. Rooms in small hotels will be about $2.00 to $2.50 per night per person.

Convents will be able to take care of quite a large number of nurses at from $1.25 to $2.00 per night per person, including breakfast at prices quoted. Accommodations will be beds in either dormitories or double rooms. The Y.W.C.A. has rooms at the same rates as the Convents.

Nurses coming in autos will find ample parking space.

PLEASE NOTE: It is necessary that each nurse when making application for accommodation state her name, address and official position. Application with this information should be made **at once** to the Executive Secretary, Committee on Arrangements, International Council of Nurses, Royal Victoria Hospital, Montreal, P.Q.

Messrs Thomas Cook & Son, Limited, recently issued an illustrated booklet on the Congress. This is published in English, French and German, and gives the general arrangements for the Congress together with an outline of the programme, and of a number of tours which may be taken following the Congress, also landing and passport arrangements.

News Notes

ALBERTA

CALGARY: The Calgary Association of Graduate Nurses held their annual Valentine Dance on February 12th in the Al Azhar Temple. Some 250 nurses and their friends spent a most enjoyable evening. Misses Ash, Von Gruenigan, A. Casey, acted as hostesses for the evening.

Miss Mary Watt (Calgary General Hospital), has been appointed to the Clinic in connection with the Health Department.

Miss E. Unerty (Holy Cross Hospital), has a position at the Innisfail Municipal Hospital.

Miss E. Fleming (Calgary General Hospital), is Operating Room supervisor at the Swift Current Hospital, Swift Current.

Miss Halpin (Misericordia Hospital, Edmonton), has joined the Arrowwood Hospital staff.

MEDICINE HAT: The Graduate Nurses Association held their annual meeting on February 4th in the Nurses Home of the Medicine Hat General Hospital.

Mrs. F. W. Gershaw and family have spent the winter in Ottawa.

Miss Heart has joined the staff in the Medicine Hat General Hospital.

Miss Gillcrest (Winnipeg General Hospital), is doing private duty work in Medicine Hat.

BRITISH COLUMBIA

The results of examination for title and certificate of Registered Nurse, held recently in Vancouver and Victoria centres, only, were as follows, names given in order of merit:

(80-100%)—Miss A. Beryl McPherson, Royal Inland Hospital, Kamloops, Miss B. I. Thompson, Vancouver General Hospital; Sister M. Gabriella, St. Joseph's Hospital, Victoria; Miss C. R. Brunzell, Vancouver General Hospital.

(70-80%)—Misses J. Aske, T. A. E. Davies, I. Davies, S. E. Smith, A. E. Wakefield, O. G. Woodcock, K. M. Watson (L. J. Halliday, M. K. King, E. M. Upshall—equal), N. B. Brown, M. I. Rolston, D. Burd, E. R. Humbleton (G. Marshall, N. S. Spandier—equal), V. B. Curran, E. C. Herchmer.

(60-70%)—Misses D. M. Sinclair, R. G. Smith, E. M. Ballard, M. Cooper, L. Dundas, M. M. Marlatt, Sister M. Priscilla, E. Greenwood, K. C. Postlethwaite, I. Smart, C. B. Albutt, Sister M. Dositheus, F. H. Dee (C. J. Macklin, C. M. McKay, F. M. Pelly—equal), J. C. Canniff (J. M. Joyce, J. C. Macauley—equal), E. I. Johnston, D. V. Wilkie, H. M. Randell, M. L. McIntosh, G. V. Dey, M. A. Watson, E. J. Barrat.

(50-60%)—Misses I. M. Todd, L. A. Ball, A. L. Patterson, F. M. C. Farrow, S. E. Kerr, O. M. M. Girling, J. A. Murray, D. E. Jerome.

Passed Supplemental: E. Simpson.

Passed with Supplementals to write: I. Dynes (1), B. E. Leonard (1), C. E. McNichol (1), J. M. Hardy (1), L. A. Ball (1), H. D. Lipsey (1).

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held their monthly business meeting at the home of Miss D. Cannon. Dr. Taylor, resident physician, King George Hospital, Winnipeg, gave a splendid talk on "Communicable Diseases."

The social evening for February took the form of an enjoyable hike to the home of Mrs. L. Ferrier, Industrial School.

Miss Agnes Pearson has left the staff of the Mental Hospital, to join that of the Winnipeg General Hospital. Appreciation for her services was expressed by a boudoir lamp from the Association.

WINNIPEG GENERAL HOSPITAL: Miss Inga Johnson (1907), left recently for Hyattsville, Maryland, U.S.A.

Sympathy is extended to Miss Jessie I. Smith (1910), in the death of her niece, also, to Misses Margaret (1916), and Nora Taylor (1928), in the death of their father.

Mrs. S. Langille (Miss Cornell, 1906), opened her home early in March for a bridge in aid of the I.C.N. fund.

Mrs. George Noble (Miss Chalmers, 1920), and Miss I. Anderson (1921), have left for a trip to Montreal.

NEW BRUNSWICK

SAINT JOHN: A very interesting address on "Endocrines, or Ductless Glands," was given by Dr. J. M. Barry, before the meeting of the Saint John Chapter of the Registered Nurses Association, held February 18th in the Nurses Home of the General Public Hospital, with Miss E. J. Mitchell, the president, in the chair. Routine business was dealt with in a short session before the lecture, and at its close, a social hour was enjoyed.

The many friends of Miss Fern Townshend (General Public Hospital, 1927), extend sympathy in the loss of her father.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in March, 1929, were 1,150, seventeen less than previous month.

APPOINTMENTS

Misses Myrtle Tanner, Madeleine Greer, M. McElroy, Irene Dangerfield (Ottawa Civic Hospital, 1928), to the staff of the Strathcona Hospital, Ottawa.

Miss Claire Rochez (Ottawa General Hospital, 1928), to the staff of the Strathcona Hospital.

Miss Juliette Robert (Ottawa General Hospital, 1923), as night supervisor of Ottawa General Hospital.

Miss Mavia Shingh (Ottawa General Hospital, 1927), in charge of a newly opened surgical ward in the Ottawa General Hospital.

Misses Bernice Howes, and Hazel Gates (Kingston General Hospital) to the staff, Lakeside Hospital, Cleveland.

Misses Mary Patrick, and Hannah Robbs (Kingston General Hospital), to the staff, New York City Hospital.

Miss Helen Maxwell (Kingston General Hospital, 1928), to the staff of the Smiths Falls Public Hospital.

DISTRICT 1

MEMORIAL HOSPITAL, ST. THOMAS: The Memorial Hospital Alumnae Association, organized to take the place of the Amasa Wood Hospital Alumnae Association, has started on what promises to be an active year's work. To secure funds two large bridge parties and a dance, attended by 350, were held. Prominent speakers have been secured for coming meetings.

SARNIA GENERAL HOSPITAL: The Alumnae Association held a very successful bridge and dance, and plan furnishing a room in the new wing from proceeds.

DISTRICT 2

BRANTFORD GENERAL HOSPITAL: The members of the Florence Nightingale Association were the guests at a delightful euchre and bridge given in their honour by the Nurses Alumnae and proved a particularly happy party; both associations were well represented.

WOODSTOCK GENERAL HOSPITAL: The Graduate Nurses Alumnae held a very delightful banquet, on February 14th with thirty members present. Mrs. McDiarmid, the president, acted as toast-mistress, and proposed the first toast to the King, which was responded to by the singing of the National Anthem. The toast to the training school was proposed by Mrs. Frances and responded to by Miss Huggins; to the Graduating class, proposed by Miss Davidson and responded to by Miss Cook; to the superintendent, proposed by Mrs. Shedden and responded to by Miss Sharpe. After the speeches were finished, bridge was enjoyed.

DISTRICT 5

HOSPITAL FOR SICK CHILDREN, TORONTO: An extremely interesting address was given on February 13th, at the Alumnae meeting by Mr. W. J. Dunlop, Director of University Extension work on, "The University as a Public Servant."

Miss Alice Grindlay (1914), has given up her position as superintendent of the Thistleton Convalescent Hospital, and is now assistant superintendent of the Hospital for Sick Children, Toronto.

Miss Hazel Elliot (1919), has accepted the position of superintendent at Thistleton.

GENERAL HOSPITAL, TORONTO: After a prolonged sick leave we are glad to announce the return of Miss Brown to the Out-Patient Department, where she has been for some years the head nurse.

Beside the usual Dental Clinics being held every morning in the Out-Patient Department, three afternoon Clinics are now open with Miss Marguerite Malone (1926), the attending nurse.

Miss Mabel Murray (1916), has been appointed to the Social Service Department to fill the vacancy occasioned by the departure of Miss Annie Laurie Campbell, which was necessitated by the illness of her father.

A reunion of the Class of 1918 was held at the home of Miss Marnie White, on March 12th. Fifteen attended, and a very enjoyable evening was spent.

DISTRICT 7

The annual meeting of District No. 7 R.N.A.O., was held at the Nurses Residence, Kingston General Hospital, on February 15th, 1929, with the president, Miss Acton, in the chair.

The annual reports for the different sections were read, and the officers for the ensuing year elected. President, Miss L. D. Acton, Kingston General Hospital; First Vice-President, Miss Alice Shannette, Brockville General Hospital; Second Vice-President, Miss E. Finn, Kingston; Secretary-Treasurer, Miss Marjorie Evans, Kingston. After the business meeting, afternoon tea was served by the Kingston General Hospital staff.

Dr. Phillips Macdonnell gave an instructive address on Basal Metabolism, and Dr. Frederick Etherington an interesting talk on Egypt, which he illustrated with lantern slides.

Miss Maude Abernethy, Department Mothers' Allowances, Kingston, has been granted leave of absence, and is taking the West Indies cruise.

Miss Evelyn Freeman, Operating Room Supervisor, Kingston General Hospital, met with a serious accident, and has been confined to the hospital since January the 14th. Miss Myrtle Clarke is temporarily taking charge of the O.R. during Miss Freeman's convalescence.

DISTRICT 8

At the annual meeting of District No. 8, R.N.A.O., held at the Nurses Home, Ottawa Civic Hospital, on February 15th, Miss Gertrude Garvin, superintendent of nurses, Strathcona Hospital, was unanimously re-elected to the chairmanship of the District. Other officers for 1929 are: Vice-Chairman, Miss Juliette Robert; Secretary-Treasurer, Miss Grace Tanner; Councillors, Misses Forbes, Hodgkins, Lewis, Mabel Stewart, E. Pepper and D. M. Percy; Conveners of Committees: Nominating, Miss M. Stewart; Nurse Education, Miss Gertrude Bennett; Private Duty, Miss Woods; Membership, Miss Maxwell; Public Health, Miss D. M. Percy; Publications, Miss D. M. Percy.

In her report for the year, Mrs. C. L. Devitt, retiring secretary-treasurer, called attention to the increased district membership, and to the collection of over $800.00

towards the fund being raised by the Canadian Nurses Association for the entertainment of International Congress delegates at Montreal in July.

Miss Maxwell, reporting for the Membership Committee, announced that there were 106 new members in the District, 67 of this number having been secured upon the inauguration of a membership drive in the autumn.

Reports of the other Standing Committees, given by their conveners, revealed a considerable amount of work accomplished in 1928.

A most interesting programme had been provided for the District during the year, the speakers on various occasions being, Miss Florence Emory, President of the R.N.A.O.; Miss Gertrude Bennett, Mr. John Bain, Dr. D. A. Carmichael, Dr. J. A. Amyot, Deputy Minister of Health, Dr. J. T. Shirreff.

Miss Florence Nevins represented the District at the provincial meetings. Miss Marion May had been appointed second vice-president of the R.N.A.O., and Miss Gertrude Bennett, second vice-president of the Canadian Nurses Association.

Deep regret was expressed at the loss sustained by the District in the death of Miss Janet Williamson.

The resignation of Mrs. C. L. Devitt, secretary-treasurer of the District was received with genuine reluctance. Mrs. Devitt has been untiring in the performance of her many exacting duties during the several years she has occupied this office.

Votes of thanks were extended at the close of the evening to Miss Garvin, whose whole-hearted expenditure of energy has been responsible in large degree for the past successful District year, to the retiring officers, and to Miss Gertrude Bennett, whose help and advice have been available to the officers at all times.

A delightful dance was held at the Wembley on February 22nd, under the auspices of the Ottawa Registry of Graduate Nurses. Nearly 200 guests were present. Those receiving were Miss Gertrude Bennett, Mrs. T. H. Leggatt and Mrs. H. B. Moffatt. In charge of arrangements were: Misses R. Pridmore, Ross, Greenway, Ruth Stevenson and M. Young.

Strathcona Hospital: Charming in every detail was the Valentine Dance held on February 6th. The guests were received by Miss Gertrude Garvin, superintendent of nurses, and Miss Sparling, her assistant.

Ottawa General Hospital: With simple but impressive ceremony the new $600,000 addition and Nurses Home was opened officially on February 12th. Dr. Rodolphe Chevrier, Dean of the Medical Board, presided. In his address Dr. Chevrier stated that the new wing answered an absolute need. In years past, patients had daily to be refused admittance because of lack of sufficient accommodation, nurses were distributed in various buildings and sisters in charge of the wards had lacked adequate living quarters.

The building is of the very latest design in hospital architecture and equipment, and nothing has been spared to make it one of the best of its kind in Canada.

On November 17th, 1928, Hope Chabot, wife of Hon. Dr. J. L. Chabot, died after a short illness of two weeks. She was a prominent member of Ottawa's social and political world. A charming hostess, she ably did her part during election campaigns. She was president of the Alumnae Association of the Ottawa General Hospital for two years. She was also an active member of the I.O.D.E., the Women's Conservative Association and the Minto Skating Club. Her passing caused deep regret among the nurses and to a wide circle of friends.

Deep sympathy is extended to Miss Isabel McElroy, night supervisor of the Ottawa General Hospital, in the loss of her mother; also to Miss Mary Henderson, in the loss of her father.

The members of the Alumnae wish Miss Stackpole, who had the misfortune to fracture her arm recently, a speedy recovery.

District 10

The regular meeting of District No. 10, R.N.A.O., was held on February 7th at the Nurses Home of the McKellar-General Hospital, Fort William. Following the transaction of routine business, plans were made for the presentation of a pageant of the History of Nursing by the members of the Association. An excellent musical programme was thoroughly enjoyed. A sketch by the senior nurses of the hospital, entitled "Making Love from the Stone Age to the Modern" was a tremendous success. The Rev. H. R. Grant, D.D., delivered a splendid and inspiring address on the subject "Enlarging your life through your Profession." Following the programme a social time was thoroughly enjoyed.

The regular monthly meeting of the McKellar-General Hospital Alumnae was held at the home of Miss Eva Hubman on February 26th, 1929, with twenty-two graduates in attendance. In addition to business of a general nature the question of re-covering the couch and cushions in the Isobelle Johnston room was discussed, and it was decided to proceed with the work forthwith. It was also decided to extend an invitation to Miss Morrison, the superintendent of the McKellar-General Hospital, to become an honorary member of the Alumnae. A very interesting paper on the benefit to children of sunshine and the ultra violet ray was read by Miss Theresa Gerry and was especially appreciated by the many young mothers present. After the meeting games and cards were enjoyed which were followed by a lunch served by the hostess, earning a most hearty vote of thanks from all present.

QUEBEC

MONTREAL GENERAL HOSPITAL: Miss J. A. Murphy, who is supervisor in the Out Patient Department has recently gone to the United States in connection with Public Health Work. She has been granted a three-months scholarship from the Rockefeller Foundation, and will visit the following places in connection with this work: Montgomery, Alabama; New York, Highland Centre, and Yale University.

Miss Flint (1929), is in charge of Ward A.

Miss Rena Butler (1929), is in charge of a pavilion at Laurentian Sanatorium, St. Agathe, P.Q.

Miss Francis Reed (1912), has resigned as superintendent of the Montreal Woman's General Hospital. Miss Magdalen Houkom, of the Presbyterian Medical Centre, New York, has been appointed to take Miss Reed's place.

Miss Lockwood (1926), has returned from Saskatoon and is doing private nursing in Montreal.

Miss Seveigny (1929), has returned from Mexico City, where she has been doing private nursing for the past seven years and will continue to do private nursing in Montreal for the summer.

Miss Brewster has been spending the winter in Bermuda on account of her health.

Miss Jessie Dunlop has left for New York to do private nursing.

Miss Outterson (1915), of San Francisco, Cal., is visiting in Montreal.

Miss Agnes Bulloch and Miss K. Brock spent Easter in Bermuda.

Miss C. Watling has returned from Chatham, N.B., after three months absence, through illness.

Sympathy of the members is extended to Miss Dogherty in the loss of her mother, and to Miss V. Simpson in the loss of her father.

ROYAL VICTORIA HOSPITAL: Miss Milla McLellan who is convalescing after a recent illness, has left to spend some time in Bermuda.

SASKATCHEWAN

SASKATOON CITY HOSPITAL: Misses Maude Williamson (1925), and V. McIvor (1927), are members of the staff at Dobb's Ferry Hospital, Dobb's Ferry, New York.

Miss Freda McKnight (1927), is a member of Drumheller Hospital staff, Drumheller, Alta.

Misses Susie Fulton and Hilda Hodgson (1928), are members of Kindersley Hospital staff, Kindersley, Sask.

Miss Elizabeth McKay (1928), is a member on the staff of Unity Hospital, Unity, Sask.

Miss Hattie Gruhlke (1920), has been appointed charge of the Nurses Central Registry.

Miss Margaret Robb (1928), has accepted a position on the staff of the Elrose Hospital, Elrose, Sask.

Miss Mary Hagerman (1926), has resigned her position on the Edam Hospital staff, and is now doing private duty nursing in Saskatoon.

The sympathy of the City Hospital Alumnae is extended to Miss Annie May McFadyen (1925), in the loss of her mother, February, 1929.

Miss Laura Clarke has resigned her position as night supervisor of the Saskatoon City Hospital, succeeded by Miss Kate McLean.

GREY NUNS HOSPITAL, REGINA: Regular monthly meeting in February was held at Hotel Champlain in the form of a dinner.

VICTORIAN ORDER OF NURSES

Miss Marjorie Bell, B.Sc. (H.E.), has been appointed temporarily to the staff of Central Office. Miss Bell is a nutrition worker and will serve a number of Victorian Order districts in an advisory capacity. Miss Bell's experience, which is extensive, includes work with the Massachusetts-Halifax Health Commission and the Women's Institutes of Nova Scotia. The Victorian Order is thoroughly appreciative of their good fortune in securing the services of so able and experienced an expert in her chosen field.

Appointments: Miss Beatrice Stevenson to Barrie, Ont.

Resignations: Miss Mildred Thomas from Barrie, Ont.; Miss Edna Matheson from Carleton Place, Ont., to be married.

Miss E. Linton has returned from leave of absence to North Bay, Ont.

C.A.M.N.S.

WINNIPEG: The fifth annual meeting of the Nursing Sisters' Club of Winnipeg, was held at the headquarters of the Deer Lodge Branch, Canadian Legion, B.E.S.L., on February 20th, with the President, Miss Hudson, in the chair.

Following the president's address, the secretary's report, together with those of committees were submitted and well received. The following officers were elected for the ensuing year: President, Miss M. McGillvary; Vice-President, Miss Kathryn Ross; Secretary, Miss Mary Johnson; Treasurer, Miss Eva Letellier; Social Convener, Miss K. McLearn; Sick and Visiting Committee, Mrs. Wm. Cowan; Publicity Committee, Miss E. A. Bennett; Membership Committee, Miss Ruby Dickie; Extra Members, Miss T. O'Rourke, Miss N. Shaughnessey, Mrs. F. Grassick.

Mr. R. J. Large, president of the Deer Lodge Branch, Canadian Legion, was then introduced by the president elect. Mr. Large welcomed the members and expressed pleasure on learning that the Association had existed throughout the years following the war, remarking that it was very desirable that the old associations and comradeship of the C.A.M.C. should be preserved. He said no one knew better than the Nursing Services the real tragedies of the late war—"if the last war is forgotten, it will not be long till there will be another," continued the speaker.

Acknowledging the Nursing Sisters' Association to be a splendid one, the speaker pointed out that since the Nursing Services were indispensable during the war, and that the women of Canada took their share of the late war equally with the men of Canada, then in the days of peace he felt that they were equally as desirous of assuming their share of the problems of peace. The Nursing Services had an opportunity to do this in joining his own Association, the Canadian Legion. He extended an invitation to the Nursing Sisters' Club to join the Deer Lodge Branch, and become the "Nursing Sisters' Section" of that Branch.

Mr. Large then introduced Col. Ralph Webb, President of the Manitoba Command of the Canadian Legion. In his address he referred to the splendid type of womanhood of Canada which had gone overseas to nurse the war wounded on every battlefront. The help of the Nursing Sisters in acquiring a square deal for the disabled men, now that they were back in civil life, was just as necessary as during the war period. While the growth of the Canadian Legion, since its organization by the late Earl Haig, had been spectacular, nevertheless numbers count, said Col. Webb, and the entry of the Nursing Sisters of Manitoba into the Canadian Legion would emphasize the determination of all ex-service men and women to see that all who suffered from the effects of the war receive adequate pension.

It was unanimously decided by the members of the Nursing Sisters' Club to join the Canadian Legion.

Refreshments were served by the Deer Lodge Branch of the Canadian Legion.

A successful "bridge" and dance was given by the Nursing Sisters' Club at the Marlborough Hotel, on February 12th, when the President, Miss E. F. Hudson, received the guests, and music was provided by the Canadian Legion.

Miss G. Billyard has joined the staff at Deer Lodge Hospital.

Miss J. Roberts has left Regina for Moose Jaw, where she is acting as representative of the "Book House for Children."

Mrs. N. McCreery has been appointed to the Hospital and Beauty Parlour Department of the T. Eaton Company, at Calgary.

BACK COPIES

Requests have been received for the following back copies: February, March, April, June, July and August, 1916; November, 1926; and March, 1927.

Any reader who is able to supply any of these copies is asked to send them to the National Office, 511 Boyd Bldg., Winnipeg, Man.

Miss Mary Wilson, Brantford General Hospital, Brantford, Ont., has notified "The Canadian Nurse" that any reader may obtain one or more of the following back copies by writing to her address, and including postage for mailing: July, August and September, 1926; January, April, May, August, September, October and November, 1927; and February, 1928.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BARNBY—On February 5th, 1929, to Dr. and Mrs. T. I. Barnby (Effie Wilson, Victoria Hospital, London), a daughter.

BOULTER—On March 5th, at Vancouver, to Dr. and Mrs. Boulter (Constance Fisher, Toronto General Hospital, 1919), a son.

BURLEIGH—On December 27th, 1928, at Kingston, Ont., to Dr. and Mrs. Herbert Burleigh (Dorothy Howard, Kingston General Hospital, 1922), a daughter (Diana Howard).

FLETCHER—On November 2nd, 1928, to Dr. and Mrs. M. Fletcher (Emma Nightingale, Victoria Hospital, London), a daughter.

GRIMES—On February 9th, 1929, at Ottawa, to Mr. and Mrs. Frank Grimes (Olive Huot, Ottawa General Hospital, 1927), a son, Paul (premature).

GUEST—On February 8th, 1929, at Toronto, to Mr. and Mrs. Guest (Gwen Ferguson, Toronto General Hospital, 1922), a son.

HALLETT—On January 29th, 1929, at Toronto, Ont., to Mr. and Mrs. Edwin Hallett, of 49 Roxborough Street, Toronto (Grace Kuhring, Royal Victoria Hospital, 1923), a daughter.

JOHNSON—On February 3rd, 1929, at Woodstock, Ont., to Mr. and Mrs. P. Johnson (Elsie Mast, Woodstock General Hospital, 1916), a daughter.

KIBBLER—In February, to Mr. and Mrs. R. Kibbler (Leontine Legrand, Gray Nuns Hospital, Regina), a son.

LITTLE—In March, 1929, at Toronto, Ont., to Dr. and Mrs. Little (Charlotte Wallace, Hospital for Sick Children, Toronto), a son.

LOCKWOOD—On December 31st, 1928, to Dr. and Mrs. C. L. Lockwood (Phyllis Hallett, Victoria Hospital, London), a son.

LYONS—On February 10th, 1929, at Toronto, to Mr. and Mrs. Lyons (Claude Eckert, Toronto General Hospital, 1919), a son.

McKEAN—On December 29th, 1928, at Winnipeg, to Mr. and Mrs. R. W. McKean (C. Thorvaldson, Winnipeg General Hospital, 1916), a daughter.

MARKHAM—On February 17th, 1929, at Saint John, N.B., to Rev. C. J. Markham and Mrs. Markham (Georgia Moxon, General Public Hospital), a daughter (Betty Jane).

MARSDEN—On February 18th, 1929, at Fort William, Ont., to Mr. and Mrs. Marsden (Hagar Lonsdale, McKellar-General Hospital, 1916), a daughter.

MURRAY—On March 1st, 1929, at Calgary, Alta., to Mr. and Mrs. W. Murray (A. Hediger, Geneva, Switzerland), a son.

NIX—On March 6th, 1929, at Innisfail, Alta., to Dr. and Mrs. Nix (Mae Ferguson, Royal Alexandra Hospital, Edmonton, 1927), a daughter.

REDPATH—On February 18th, 1929, at Oshawa, Ont., to Mr. and Mrs. D. Redpath (Huldah Jibb, Oshawa General Hospital, 1925), a daughter.

ROBERTSON—On March 3rd, 1929, to Mr. and Mrs. Robertson (Mary Higginbottom, Toronto General Hospital, 1927), a son.

SHEPPERD—On February 10th, at Toronto, to Mr. and Mrs. Shepperd (Amy Bone, Toronto General Hospital, 1918), a son.

SINCLAIR — Recently, at St. Thomas, Ont., to Mr. and Mrs. Louis Sinclair (Anna Weed, St. Thomas Hospital, 1923), a son.

SMITH—On February 4th, 1929, at Kingston, Ont., to Mr. and Mrs. Chas. Smith (Agnes Mounteer, Kingston General Hospital, 1927), a daughter.

SULLIVAN—On December 1st, 1928, at New York City, to Mr. and Mrs. Thomas Sullivan (Hilda Jarvis, Kingston General Hospital, 1927), a son.

TEW—On January 21st, 1929, to Dr. and Mrs. W. P. Tew (Vivian Langford, Victoria Hospital, London), a son.

TIMMER—On December 18th, 1928, at Cicero, Illinois, to Dr. and Mrs. W. Irving Timmer (Patricia Hunt, Kingston General Hospital, 1921), a daughter (Willard Joan).

WARNER—On December 13th, 1928, at Kingston, Ont., to Mr. and Mrs. George Warner (Myrtle Watts, Kingston General Hospital), a son.

WHITE—On December 28th, 1928, to Mr. and Mrs. White (Irene Conlin, Toronto General Hospital, 1919), a daughter.

MARRIAGES

CROSS — PETERS — On December 8th, 1928, at Kenora, Ont., Lucy M. Peters (Toronto General Hospital, 1924), to Joseph Cross.

ELLIOT — JARVIS — On February 22nd, 1929, at Toronto, Ont., Katherine Lillian Jarvis (McKellar-General Hospital, Fort William, Ont., 1927), to Otho C. Elliot, Toronto.

JOHNSTON — BOSS — On January 30th, 1929, at Miami, Florida, Carmen Elizabeth Boss (Victoria Hospital, London), to Robert A. Johnston, M.D., London, Ont.

MILNE—SANSOME—Recently, at Jaspar, Ont., Margaret Ruth Sansome (Kingston General Hospital, 1926), to Frank V. Milne, Mountain, Ont.

PATTERSON—HALL—On January 20th, 1929, at Winnipeg, Manitoba, Evelyn E. Hall, of Sintaluta (Winnipeg General Hospital, 1912), to William Patterson, of Indian Head, Sask.

PRECIOUS — GRAHAM — On September 29th, 1928, at London, Ont., Florence Graham (Victoria Hospital, London), to Wilfred Precious, Guelph, Ont.

PUTMAN—MAXWELL—Recently, Edith Mae Maxwell (Kingston General Hospital, 1925), to Charles Austin Putman, Port Hope, Ont.

SUTHERLAND — SUTHERLAND — Recently, Queenie Sutherland (Toronto General Hospital, 1919), to Dr. Sutherland.

THERY — COOK — Recently, at Los Angeles, Calif., Leila Cook (St. Thomas Hospital, Ont., 1919), to Joseph Thery, Los Angeles.

WIGLE — READ — Recently, at London, Ont., Jane Marion Read (Woodstock General Hospital, 1922), to Jacob Wigle. At home, Kingsville, Ont.

DEATHS

CHABOT—On November 17th, 1928, at Ottawa, Mrs. J. L. Chabot (Hope Brunet, Ottawa General Hospital, 1914).

RINN—On March 11th, 1929, at Winnipeg, suddenly, Margaret Rinn (Winnipeg General Hospital, 1912), of the D.S.C.R. ward, St. Boniface Hospital.

STEELE — Recently, at Regina, Sask., Annie M. Steele (Grey Nuns Hospital, Regina, 1915). Semi-military funeral services. Internment made in Regina cemetery, Soldiers' Plot.

STRACHAN—On February 18th, 1929, at Fort William, Ontario, Mrs. Robert Strachan (Sadie Gladstone, Toronto General Hospital and one time Head Nurse of the Gynecological Pavilion, Toronto General Hospital).

TRAIL — On December 15th, 1928, at Prince Albert, Mrs. W. M. Trail (Francis Eleanor Fortescue, Montreal General Hospital, 1897).

TO OUR SUBSCRIBERS

Prompt attention to renewal of subscription is appreciated and assures the subscriber of uninterrupted arrival of the Journal. It is impossible to supply copies to all subscribers who renew after having allowed subscription to lapse for several months. Renew promptly and so help yourself and also the Journal, which really belongs to you as a member of the CANADIAN NURSES ASSOCIATION. By doing so, you will receive the gratitude of the Executive Committee members, who are trying to make the Journal helpful and interesting to all its readers.

Examinations for Registration of Nurses in Nova Scotia

are to take place Wednesday and Thursday, May 15th and 16th, 1929. Candidates are required to send in their application forms, accompanied by initial registration fee of $10.00 and diploma before April 15th, 1929, to

L. F. FRASER, Registrar,
The Registered Nurses Association of Nova Scotia,
Room 10, Eastern Trust Building,
HALIFAX, N.S.

UNIVERSITY OF TORONTO

A one-year course in Teaching and Administration is conducted for Graduate Nurses. On completion of the Course a university diploma is awarded. In the session 1928-29, there are twenty-one students enrolled in this Course.

For further information write to

W. J. DUNLOP, Director,
University Extension,
University of Toronto,
TORONTO 5, ONTARIO.

Wanted: Nurse Instructress, School—25 nurses. Apply to Superintendent, Mount Sinai Hospital, Hartford, Conn.

Wanted: A Registered Nurse who can speak the Ukrainian language, for General Public Health work in rural Manitoba. For particulars, apply Director of Public Health Nurses, Room 59, Parliament Buildings, Winnipeg.

Wanted: Registered nurses for general duty in two hundred and fifty bed Tuberculosis Sanatorium. Salary seventy-five dollars per month with full maintenance. For further particulars apply to: M. L. Buchanan, Matron, Laurentian Sanatorium, St. Agathe des Monts, P.Q.

Wanted: Superintendent of Nurses, college woman preferred; experienced in Training School administration. Midwest hospital. Position open April 1st, 130 beds, salary $125.00 with complete maintenance. Requires a woman of real efficiency and experience. Apply Box 135 The Canadian Nurse, 511 Boyd Bldg., Winnipeg, Man.

The Frontier Nursing Service has positions for Public Health Nurses certified under a British Central Midwives' Board. Because of waiting list, applications must be received several months in advance. For further particulars, address the Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Kentucky.

THE CANADIAN NURSE

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REGISTRATION of NURSES

PROVINCE OF ONTARIO

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg. N., Parliament Buildings, Toronto. No candidate will be considered for examination unless the complete application form, accompanied by the examination fee of $5.00, is received by the Inspector, before May 10th, 1929.

Signed:
A. M. MUNN, Reg. N.,
Inspector of Training Schools.

The
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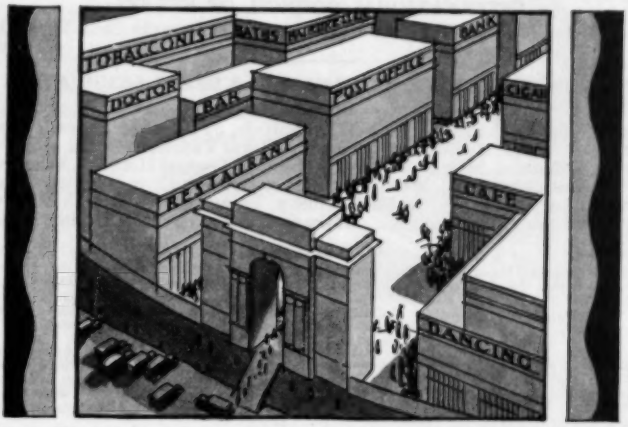

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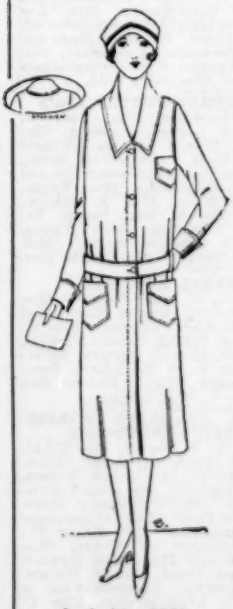

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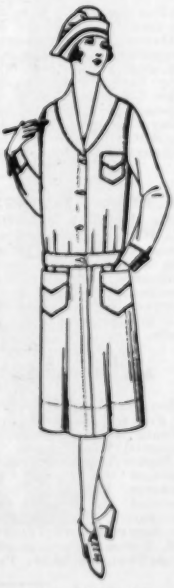

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